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CLINICAL LECTURE.

OSSEIFLUENT ABSCESS; OSTEITIS OF THE PELVIS.

BY PROFESSOR TERRILLON,
SURGEON TO THE SALPETRIERE, PARIS, FRANCE.

(Translated by E. P. Hurd, M.D.)

Gentlemen:—I shall take as the subject of to-day's lecture two patients, one of whom is a youth 16 years of age, the other a woman 29 years old. The first patient has been suffering from slight pains and soreness in the anal region; then a well-defined swelling appeared there, which had attained the size of a large chestnut, when it was recognized as an abscess and opened by a physician who was called in. The incision did not heal, and there remained a fistula which proved utterly rebellious to treatment. This fistula remains to-day, and gives vent to considerable clear serous pus, mixed here and there with a few drops of blood. By the side of this fistulous orifice, you may see a little purplish swelling, which projects somewhat above the surface, is indurated, and presents a characteristic to which I invite your attention, namely, that it rests on a base which is hard and painful to pressure. By the fistula neither gas nor stercoraceous matters find vent, and though one would be inclined at first to regard it as a fistula in ano, he is soon convinced of his mistake. Indeed, if you explore the tract with a probe, you see at once that the instrument takes a direction away from the rectum, which shows that the disease is not a simple anal fistula; the probe, in fact, penetrates two inches at least in two different directions, but always externally, with an inclination towards the ischium. This exploration, moreover, enables

you to determine the existence of profound detachments of tissue.

If at the same time that you make this examination you introduce the finger into the rectum, you can easily ascertain that it is separated from the probe by quite a considerable thickness of tissue, which seems hard, especially on the side toward the ischium, and this materially helps the diagnosis. Here, as you should always do when it is possible, you ought to compare the diseased with the well side. The pulp of the finger turned toward the internal aspect of the right ischium finds nothing abnormal; the suppleness of the tissues enables you to feel the hardness of the bone; the same exploration, on the contrary, when made on the left side, where the fistula is seated, reveals the presence of an induration which is precisely the same as that indicated before by the probe, and which gives a very different sensation from that given by the healthy bone on the other side. If you press upon this induration the patient feels pain; there is, then, disease of some kind at this point, and it is here that we are to search for the origin of the fistula. From all these signs we are warranted in affirming the existence in this case of an irregular focus of inflammation, one prolongation of which occasions the cutaneous induration in the neighborhood of the fistulous orifice; we have here the indication of a secondary pus burrow.

What can be the cause of this kind of fistula, unless it be a lesion of the bone? But what is the nature of this bone disease? This must be determined before a rational prognosis can be made, or a suitable treatment instituted. You are aware, gentlemen, that the question of ossifluent abscesses has become quite a question of late, by reason of recent discoveries in

pathological anatomy, which enable us to affirm their tuberculous nature, and by reason of the modifications which their treatment has undergone. What, then, is the lesion of the bone? We cannot go astray in assuming it to be tuberculous. The osseous tubercle, which is always found when it is sought for, is ordinarily developed without any traumatic cause. You see at first, under the periosteum, a mass of embryonal cells which destroy the osseous trabeculæ; then, at the end of a certain time, you are sure to find opaline granulations of tubercle in the midst of this mass. Lastly, these tubercle granula degenerate, become yellow, caseous, liquefy, and form a tuberculous abscess. The abscess, however, does not always follow the lesion, may not pass the stage of caseification, and in this case resorption is still possible. Whenever a lesion of this kind is produced in a bone, the latter institutes a sort of protective process: around the tuberculous nodule an inflammation is set up, a zone of condensing osteitis, which establishes a barrier between the healthy and the diseased parts.

But it must be admitted that oftener an abscess forms, the periosteum is elevated and ulcerates, and pus invades the neighboring cellular tissue; the abscess sac then enlarges, and soon approaches the surface. To a small osseous lesion may correspond a vast abscess, connected with the bone by a narrow neck, and containing several quarts of pus.

You have certainly seen those vast abscesses which are consecutive to Pott's disease of the spine; these are perfect types of ossifluent abscesses. We have not to do merely with the bony lesion and the pus which it secretes. This lesion is often too insignificant to explain these great collections of matter; but there exists also an anatomical reason which enables us to comprehend the often prodigious development of these abscesses. This reason is the texture of the sac which contains them, and which in these particular instances truly merits the name of *pyogenic membrane*. It is a matter of common observation that when these abscesses open the fistulous tracts, the neighboring tissue-detachments and the surface of the diseased bone are covered with fungosities; a sort of tomentous membrane fills all the cavities and secretes the pus, and this explains why these lesions so obstinately persist, despite energetic treatment. What we surgeons are most apt to see is the relics of these abscesses, as in the case of our little patient.

The anatomical constitution of this pyogenic membrane explains the prolonged supuration. It is especially to the studies of Lannelongue, and of Koester, that we owe the knowledge we possess of this subject. This membrane is formed of three generally quite thick layers thus superposed: 1. An internal layer in relation with the pus, which is of fungous character, being constituted of fungous granulations. 2. More deeply still, a layer of gray tubercle granula. 3. A fibrous, or limiting membrane. Hence, it is easy to understand why irritant injections do not succeed in completely destroying this new formation; it is only by the red hot iron, or by curetting and scraping, carefully and thoroughly done, that we can hope to effect the disappearance of this membrane and thus obtain a cure. This method of treatment is applicable to all cold abscesses.

Those pus-burrows, those glove-finger prolongations which characterize this kind of abscess, find an explanation in pathological anatomy, for upon this membrane there are little *culs-de-sac* which seem to be the starting point of future prolongations. Hence, arises the necessity, when you curette an abscess, of taking the utmost pains not to neglect any of these *culs-de-sac*, and to scrape out all the prolongations; unless you do this you will have your work to do over again. These lesions are unquestionably of tuberculous origin; histology proves it, clinical practice confirms it, and the constant presence of the tubercle bacillus may be regarded as infallible evidence of it.

What shall be the prognosis of these abscesses? and what would become of this lesion if left to itself? It is undoubtedly true that now and then an abscess of this kind has got well of itself, especially when it originates in the walls of the pelvis; but such cures are very exceptional, and only come about after a long time. I have, however, seen a few of these abscesses get well after one or two aspirations.

In order to obtain a speedy and favorable termination, surgical intervention is required. Bear in mind that it is a bad plan to leave a patient who is suffering with ossifluent abscess too long exposed to the evils of supuration; for, by reason of the nature of the disease, you would have reason to fear a general infection starting from this local tuberculosis, and you might ultimately see your patient carried off by pulmonary phthisis, or tuberculosis of the peritoneum. In the case of our young man, I do not think that we can look for a spontaneous cure; this hardness in proximity to the fistula

this violaceous and indurated swelling, prove to us that the affection is far from the period of decline, and rather on the increase. Moreover, the patient is in bad condition physically, and is a fit subject for the spread of the tuberculosis, and this would be a sufficient reason why I should surgically interfere. Considering the location of the abscess, we cannot employ the antiseptic dressing in all its rigorousness; but I will perform the radical operation by means of the thermocautery, and I will cauterize deeply all parts of the fistulous tract, in order thoroughly and completely to destroy the membrane which lines it. After having previously removed all the fungosities, as soon as I shall come down upon the bone, I will make use of the curette in order to scrape away all the diseased tissue as far as the indurated zone. As there will be bleeding points in our wound, I will afterward, as a dressing, pack it with tampons of iodoform gauze.

I have just given you in connection with our young patient the history of ossifluent abscesses in general. We have in our wards a female patient whom I shall now present, who will illustrate more especially osteitis of the pelvis, and its pathogeny. This woman is now twenty-seven years of age, but it was at about the age of thirteen or fourteen years that she experienced the first symptoms of the disease which to-day brings her to our wards. At this time of life she fell, striking the region of the pelvis; the traumatism was quite slight, since, at the present time, she cannot specify exactly the point that was contused. Three months afterward, there presented itself in the right inguinal region a little indolent swelling, which became fluctuating, and burst, giving issue to a certain quantity of pus; this abscess was then transformed into a fistula which persisted for a number of months, and finally got well of itself. At the end of a certain time, as a result of too fatiguing work, this fistula broke out anew, and another one like it was produced by the same mechanism in the region of the left groin. Meanwhile the patient married, and had a child; these fistulæ continued to cause no serious harm, appearing and disappearing from time to time, but never entirely getting well. For some time past, and since the commencement of a second pregnancy which is now going on, there has been an aggravation of the local disease. Quite severe pains have been felt about the upper and posterior part of the right hip where a new abscess has formed, ending, like the previous one, in the production of a fistula. The one on the left side, which for

a time was healed, has broken out anew. A probe introduced into these fistulæ penetrates to a considerable depth, but does not strike bare bone. The palpation of parts in the vicinity of these fistulæ discloses a good deal of swelling, and at the same time a fixed *point douloureux* on the right side in the neighborhood of the os pubis. The finger introduced into the vagina detects the same swelling, and elicits the same pain when high pressure is made on the lateral wall of the same side. But this is not all; if the pressure is continued for a certain time, it gives rise to the flow of a quantity of pus by the newly-formed fistula. The rectal touch does not elicit any similar symptom. The pressure of the finger on the left lateral wall of the vagina does not at first give rise to any symptom worthy of note; when, however, it is made with considerable force, it also determines a painful sensation in the region of the pubic bone of the same side.

These symptoms undoubtedly point to a lesion of the pelvis, probably of its pubic portion. We may even be sure that the pus which is formed in the diseased foci has made for itself a passage through the soft parts of the vicinity, and has finally pointed at quite a distance from its source.

Such are the lesions with which our patient is afflicted. What is the prognosis and what shall be the treatment? Such are the questions now before us. But, before taking up this part of our subject, permit me to indicate to you, in a few words, the pathogeny of this variety of osteitis, which has been for several years the subject of numerous works, of which you will find a summary in the recent excellent thesis of Gouilloux, pupil of Ollier, of the School of Lyons. The ossification of the different pieces which enter into the composition of the os innominatum takes place by two successive developmental processes. In the first period, the os innominatum is constituted by three distinct segments, corresponding to the ischium, the pubes, and the ilium, which converge toward the centre of the cotyloid cavity, and are separated from each other by connective cartilage. At about the age of ten or twelve years, this cartilage ossifies, and the bone is constituted in its essential characters. But about the age of thirteen or fourteen years, a little earlier in females than in males, there appear, at the periphery, complementary points of ossification, separated from the bone by a special connective cartilage. These are the pubic points, for the internal extremity of the pubis, the iliac points for the crest of the ilium, the ischial points for the

tuberosity of the ischium, the ischiatic points for the ischiatic spine, and lastly the posterior iliac points for the postero-superior spine of the ilium.

Now, since the spontaneous lesions of the bone habitually develop in points which border on the connective cartilage, this being the most active seat of osteogenesis, the following results are sure to happen: During the first twelve or thirteen years of life, the bone diseases of the pelvis localize themselves always at the centre of the bone—that is to say, in or around the cotyloid cavity. You know, in fact, that up to this time of life coxalgia of bony origin is very frequent, while very rare after this period. From the age of fifteen years, things take place differently. When the pelvis becomes the seat of an idiopathic osteitis, this always, or almost always, develops in the peripheral parts, in certain well-defined spots, which are none other than the points of ossification of which we have just spoken. There are, then, osteites of the internal part of the pubes, of the tuberosity of the ischium, of the crest of the ilium, of the spine of the ischium, of the posterior-superior spinous process of the ilium. Add that it is not rare in these osteites, at least at the onset, to find a sequestrum which is constituted in its totality by the osseous part, the epiphysis, not yet united to the rest of the bone. Unfortunately, matters do not always rest there. The affection does not always remain localized to the epiphysis; it may extend to the diaphysis, and to the periosteum, which covers it, so that, limited at first, it becomes general, and in time acquires a gravity which it did not have at first.

You see at once, without the necessity of my longer insisting thereon, the importance of early interference, if one would prevent the extension of the disease. A little operation performed in time often suffices to accomplish the radical cure of a lesion, which, if it goes on, cannot be benefitted by the most extensive and formidable operation. However this may be, these osteites, when once developed and left to themselves, undergo evolution in two ways. Sometimes they take on an acute march with inflammatory phenomena of considerable intensity, vast detachments of the periosteum, and grave general symptoms of a typhoid character. This train of symptoms, which is none other than that of infectious osteo-myelitis, designated under the name of *typhus of the members*, is not now under consideration; this is not in fact what our patient has been suffering from. At other times, the disease has a less rapid course and one fraught with less anx-

iety. The inflammatory phenomena are moderate for a long time; the lesions are localized, giving rise to pains having their principal seat at the diseased point, but likely to radiate to different parts. In a city patient, suffering from this same affection, and in whom I had to remove the spine of the ischium, the pain was felt chiefly along the course of the sciatic nerve, and that person had in fact been treated for more than a year for ordinary sciatica. The same painful irradiations may affect the crural and obturator nerves when the disease is seated in portions of the neighboring bone. At the end of a certain time, the pus, which forms in the diseased focus, tends to make its escape externally. Almost always the pointing occurs in a spot which is at considerable distance from the seat of the pus formation. We must, however, make exception in this case of the pus which comes from lesions of the crest of the ilium; this part being subcutaneous, the abscess points immediately over the spot where pus is formed.

Things are quite different when the pus comes from some of the other regions of the innominate bone. The pus has been known to open a way into the vagina, the bladder, the rectum, into the septa of the crural muscles, sometimes as much as ten or fifteen inches from its starting point. I have even seen an abscess of this kind open in the neighborhood of the popliteal space. These are facts of an uncommon character, of which, however, you must be cognizant if you would avoid gross mistakes in diagnosis.

The young girl from whom I removed the spine of the ischium, and of whom I have just spoken to you, had at the time I operated on her, a fistula in the neighborhood of the anterior superior spine of the ilium, and another in Scarpa's triangle. At three different times she has passed pus by the rectum; for six months the abscess emptied itself into the bladder. In cases like this, authorities have sometimes seen fistulæ of like nature complicated with the passage of a sequestrum into the bladder, and this sequestrum has finally become the nucleus of a veritable calculus. When the fistula is not too far away from the diseased point, and can be explored, you will sometimes find simple sequestra surrounded with fungosities. I have already spoken to you of these sequestra, and have shown you that such cases are the most favorable—sometimes so favorable that the sequestrum may be eliminated spontaneously, and the patient will get well without the necessity of surgical interference. At other times, the probe comes upon a bony surface

in continuity with the rest of the bone; this surface is bare, friable, bleeding at the least touch, and, if exposed, you observe that the diseased part extends a great distance: it has been found to occupy the half of the ilium.

The prognosis is in relation with the extent of the lesion. Benign in mild cases, since the disease may get well of itself, it is very grave and finally entails death when a great extent of the bone is diseased. It is true that, in the latter cases, the patient sometimes preserves for a long time the appearances of health. I need only refer you for proof to the patient who is the subject of my lecture. Her disease, which began about the age of fifteen years, constantly progressed for thirteen years; and, nevertheless, she married, had one child, and became again pregnant. But this favorable condition cannot last. Under the influence of the interminable suppurations to which these patients are subject, there is developed, sooner or later, a special cachexia due to exhaustion, to amyloid degenerations of the liver and kidneys, as well as blood poisoning from stagnation and absorption of pus; and, finally, the patient falls into marasmus and dies.

The treatment of these lesions is dominated by this fact, resulting from what I have just told you, that early interference is necessary, while the lesion is limited to the epiphysis, and is manifested by the presence of a sequestrum, which is the epiphysis itself. Our first patient, as I have told you, was in this condition; I removed the part of the ischium which was diseased, and doubt not that the event will prove that a radical cure was effected. It will not always be necessary to attempt at once the search for the diseased bone. You would be perfectly warranted, when in the presence of a recent abscess, in restricting your efforts at first to a simple puncture with the aspirating needle, which you may even repeat several times. I have had the opportunity of observing four patients who were plainly affected with these varieties of osteites, and who have been radically cured after four or five punctures. In two of them the lesion was seated on the rami of the pubes; in one it was in the iliac fossa; in one in the posterior-superior spine of the ilium.

This simple method of treatment, however, ought not to be continued indefinitely; and if at the end of a certain time, which should vary according to the gravity of the lesion, no amelioration is produced, you should cut down upon the seat of lesion and remove any diseased or dead parts. Once it

was the custom to wait till the abscess burst of itself; it is no longer necessary to exercise this caution, now that with Lister's antiseptic dressing, we are able to insure the patient against the dangers of that septic fever which formerly was an almost certain accompaniment of the spontaneous opening of these osteopathic abscesses.

When the abscess has its origin internally in the iliac fossa, it has been proposed to attempt its exploration by trephining the iliac bone. This is an excellent means; moreover, in certain cases it is the only means which satisfies the indications of giving sufficient access to the focus of disease. I need not say that if, instead of a loose sequestrum, you should come upon a spot of carious bone without precise delimitations, you should remove all the diseased tissue. In cases of this kind, Ollier has performed ablation of portions of bone which were truly enormous, and has had only good results. You should bear in mind, furthermore, that the operation is of benefit to the patient, even when it is impossible to remove all the diseased bone. There is, in fact, always an advantage in being rid of a suppurating surface of bone of considerable dimensions, whose presence is a powerful source of enfeeblement and cachexia.

The free opening of all pus tracts and pus burrows in a downward direction, so as to facilitate the flow of pus, also renders great service to patients, even when you cannot scrape away or remove the diseased bony tissue.

It is these latter considerations which have induced me to propose interference in the case of our patient. When she shall have completed the puerperal period, I shall undertake an operation in search of diseased segments of bone, and any which may be found shall be removed as thoroughly as possible. I do not dare to hope that I shall thus succeed in wholly arresting and suppressing the disease, and thus curing the patient; but what I am sure of is that I shall notably ameliorate her condition and prolong her life, while making it much more comfortable.

—The St. Alban's Hospital, at St. Alban's, Vermont, was burned on Sunday night, January 12, and two out of eight patients were suffocated. The fire was discovered in a closet in the kitchen, and soon got beyond control. There was no male help, and no special provision had been made against fire.

COMMUNICATIONS.

FLAT ROCK AND HENDERSONVILLE,
NORTH CAROLINA, AS HEALTH
RESORTS.

BY ALLARD MEMMINGER, M.D.,

PROFESSOR OF CHEMISTRY AND HYGIENE IN THE STATE
MEDICAL COLLEGE OF SOUTH CAROLINA,
CHARLESTON, S. C.

As the influence of climate on phthisis and its allied affections just now engross so much of the attention of professional men, and especially the climate of western North Carolina, it may not be out of place to bring to the attention of health-seekers a little summer resort which is as yet unknown, but which I hope before long will be as conspicuous in the eyes of the public and those seeking a health resort as Asheville and her environs—I refer to Flat Rock, North Carolina, situated on the Asheville and Spartanburg Railroad, which can be reached from New York in twenty-seven hours, and from New Orleans in twenty-eight.

At present, Flat Rock consists of a settlement made up of many well-to-do families, who have for more than half a century been in the habit of spending the best part of the year in pleasure, recreation, and recuperative pursuits.

This place is peculiarly situated and well fitted by nature to be a health resort. The climate is mild and temperate; the soil, although unfertile, presents to the sanitarian those conditions upon which the healthfulness of a place depends—that is, comparative dryness of surface soil, great depth of the ground-water, and slight fluctuations between the ground and surface waters.

Flat Rock, North Carolina, is situated on the Asheville and Spartanburg Railroad, 2226 feet above the level of the sea, forty-nine miles from Spartanburg, South Carolina, and twenty-two miles from Asheville, North Carolina. It is surrounded by mountain ranges, which are at distances sufficient to keep off and break the cold blasts of winter, and not sufficiently near to create droughts or to change the number of sunshine hours in our short winter days. The average height of these mountains may be placed at 1000 feet, although the many peaks of these mountain chains often rear their proud and lofty heads as many more.

Two miles from this favored spot lies Hendersonville, a picturesque little village of eight hundred or more inhabitants, but

which in summer time for a short while contains as many more. This town has, in my opinion, more claims to being a health resort than is generally conceded to it by the public. It is situated on the same plateau as is Flat Rock, and has a similar climate and soil, barring of course, the impurities incident to a larger population and a smaller area. Surrounding this village are the summer residences of wealthy families, which, having determined to make this part of North Carolina their summer home, have located on the boundaries of the village, so as to enjoy the advantages incident to being near a town. Taking all things into consideration the climate and soil of these two places are alike. Situated thus between mountains which are sufficiently remote not to be obstructive, Flat Rock offers to the invalid many advantages over places situated more in the heart of the mountains, and which do not offer so many facilities for excursions by foot and by carriage. The drives are good, the walks well shaded, and the roads so graded—or rather the natural grades are so moderate—that those recovering from serious attacks of illness find it no hard task to take either a morning stroll or an evening walk.

This resort, as before said, being originally planned by wealthy residents of the seaboard, has naturally partaken at all times of their refinements; and could this locality be brought more conspicuously into notice, I am quite sure that to place a large and fine hotel in this "land of the sky" would be an enterprise likely to be crowned with financial success.

Situated in the heart of this picturesque little settlement, almost on the banks and in view of one of the most beautiful of artificial lakes, stands the church, which happens to be Episcopalian, but in which all denominations meet and pour forth their humble prayers on Sunday, devoutly kneeling. Around this church stand the sentinels of the past, which show that the Angel Azrael has dealt kindly with this little flock.

The geologic formation of this place belongs to the Eozoic period, and comprises the Huronian, Labradorian and Laurentian systems; the soil is sterile and unfertile, and the drinking water is as free from impurities as the soil is free from fertilizing ingredients; the springs are bold, cold, sparkling and as clear as a crystal, and the wells which I have repeatedly seen sunk, and of which I have more frequently drunk, may be characterized as good and wholesome drinking water, free from lime and magnesia, and vieing in excellency with the springs just mentioned.

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It seems to me, in view of these facts, that diseases contracted in this section can never be fairly attributed to emanations from the soil, or to the character of the water used for drinking purposes. On the contrary, in every case of typhoid fever or kindred "filth," affections, which has come under my notice, the cause has been clearly traceable either to defective drainage and a general and total disregard of sanitary laws, or else to water pollution.

If we glance a moment at the climatological conditions of this place, I think we may safely say that it is entitled to as high a place in our estimation as a health resort as is Asheville, twenty-two miles distant. This is not because it is peculiarly exempt from moisture for the whole year—which I have always doubted was true of Asheville and western North Carolina in general—but from the fact that the other conditions which go to make up a good climate and a safe health resort are fully attained, namely, a dry soil with a low water level; small fluctuations in the ground water; good mean temperature for the year; plenty of sunshine; a sufficiency of ozone, and no emanations from the soil which are prejudicial to health.

I do not mean to say, as some have said, nor to be understood as saying, that this climate combines all that is essential for all classes and cases of consumption; but I do mean to say that in those cases of phthisis in which the absolute amount of moisture is not the main consideration, but in which plenty of outdoor exercise in the sunshine and in an air of an exhilarating and stimulating character and free from dust and organic impurities is needed, a most beneficial effect may be expected from residing here or in some place similarly situated.

I must take exception to the assertion, sometimes made, that consumption is not

found in western North Carolina. I have frequently met with it here, as must inevitably be the case elsewhere if we take the modern view of the pathology of this disease. I also doubt that it will always be arrested in this section, although I agree that many cases of catarrhal phthisis are improved and rendered less severe here. The class of cases which I have so far seen most benefitted have been of the catarrhal type and in the first stages. I can affirm from a general and extended experience of many years that an abundant supply of sunshine, accompanied by an exhilarating soft and bracing atmosphere, free of almost all kinds of impurities, is attained in this latitude. When, therefore, these adjuvants are desired, either in cases of consumption or in any other affections, I do not think that more could be accomplished save in the far West, or in Arabia, more distant still.

I append a tabular report of the meteorological condition of this place and of some others, and I think, after a careful review of the figures, that we can safely say that none are entitled to the name of dry climate save Denver and Cheyenne. In many respects the Flat Rock summer climate corresponds to the Jacksonville winter climate, enjoying most of her advantages and none of the disadvantages incident to winter.

The altitude, together with the moisture, renders the air soft and balmy, and we have thus the good effects of a Florida climate coupled with the exhilarating and tonic effects of the air of an elevated region. The nights are cool and pleasant, and the moisture, which with the increase of barometric pressure at a lower altitude would render the air close and heavy, is at this altitude changed into a light and soft atmosphere, soothing, invigorating and strengthening to the nervous system, instead of one debilitating and enervating.

	Mean Annual Temp.	Highest Temp.	Lowest Temp.	Mean Relative Humidity.	Average Rain fall in in. chs.	Mean Max. Temp.	Mean Min. Temp.	Number of clear days.	Elevation above sea level in feet.
Flat Rock.....	62.5°	87.5°	3°	*77.8	40.14	—	—	—	2,226
Asheville.....	54.1°	94.0°	6°	70.3	42.55	64.8°	46.0°	259.0	2,250
Charlotte.....	60.6°	101.0°	5°	66.7	54.10	69.7°	51.9°	251.8	808
Charleston.....	66.2°	103.0°	13°	73.1	59.91	73.1°	60.2°	274.8	52
Jacksonville.....	69.5°	104.0°	19°	71.2	55.31	77.9°	62.2°	280.0	43
Atlanta.....	61.7°	99.4°	13°	67.4	56.23	69.4°	52.9°	260.1	1,129
Denver.....	49.3°	105.1°	29°	46.5	14.99	61.5°	37.4°	319.3	5,204
Cheyenne.....	44.1°	100.5°	38°	52.2	11.07	56.2°	30.9°	302.9	6,105

* The mean relative humidity is too high, being calculated from two few months. It would correspond to that of Jacksonville if computed for the year. The rain fall is also possibly a little too low.

A CASE OF NORMAL OVARIOTOMY.

BY LLEWELLYN ELIOT, M.D.,
WASHINGTON, D. C.

The following is the history of a case upon which the late Dr. Johnson Eliot operated, and it is reported on account of the age of the patient:

M. F., white, 58 years old, born in Ireland. Previous history negative. Her menstrual periods have always been regular; the last one occurred ten years ago. She has had seven children. Eight months previous to the operation she noticed that the abdomen was gradually enlarging, and, as she expressed it, she felt as if she was pregnant. In February the enlargement increased rapidly and operative procedure was deemed advisable. On March 14, 1883, the patient was etherized, the abdomen washed with a solution of carbolic acid, and under the carbolic spray an incision four inches in length was made along the linea alba; the sac was exposed and its contents evacuated. An attempt was made to use the Spencer Wells trocar, but, owing to the colloidal character of the fluid, this was impossible; so the contents were turned out with the hands. About a quart of very dark-green fluid gushed out. The sac was situated on the right side, was multilocular, and was estimated to weigh twenty-eight pounds. The sac was drawn out of the abdominal cavity and held with a clamp; the pedicle was tied with carbolized Chinese silk, divided and dropped into the cavity. After arresting bleeding and thoroughly drying the parts, the external wound was closed with five carbolized silk sutures, the whole covered with carbolized lint and held in place by bands of adhesive plaster. Reaction was good. A hypodermic injection of morphia sulph., gr. $\frac{1}{4}$, was administered and the patient put in bed. At 8 P.M., the temperature was $99\frac{3}{8}^{\circ}$, pulse 92; the pupils were contracted; there was no pain. She was ordered warm milk diet, and five minims of tincture of aconite (Fleming's). At 10 P.M., the temperature was $99\frac{3}{8}^{\circ}$, pulse 84; no pain; morphia sulphate, gr. $\frac{1}{4}$, given hypodermically.

March 15, 6 A.M. Temperature $99\frac{3}{8}^{\circ}$, pulse 92; no pain; warm milk diet continued. At 10 A.M., she had rumbling in the bowels, but no pain; morphia sulph., gr. $\frac{3}{6}$, given hypodermically; and tincture of aconite, m ij . The patient has urinated four times since the operation, without pain or difficulty. 6 P.M. No pain; has nausea. Ordered tincture of aconite, m iij , with morphia sulphate,

gr. $\frac{1}{4}$; carbolic acid (No. j), gr. $\frac{1}{2}$. 12 P.M. Temperature $100\frac{3}{8}^{\circ}$, pulse 92; no pain, no nausea; has slept, and has urinated without difficulty or pain.

March 16, 2.15 A.M. Temperature $101\frac{1}{8}^{\circ}$; pulse 94, strong and full; skin hot and moist. Ordered tincture of aconite, m ij . Feels very well, except an emptiness of the stomach; no nausea. 12 M. Temperature 100° , pulse 94; complains of itching about the wound.

March 17, 2.15 A.M. Temperature $100\frac{1}{8}^{\circ}$, pulse 90; skin moist and soft; complains of no uneasiness. 7.15 A.M. Temperature $99\frac{1}{8}^{\circ}$, pulse 88; passed a good night. 12 M. Temperature 99° , pulse 84.

March 18, 10.25 A.M. Temperature $98\frac{3}{8}^{\circ}$, pulse 80; passed a good night. Dressings changed. There has been no discharge; wound closed; no tenderness; milk and boiled rice diet.

March 19, 10 A.M. Temperature $99\frac{3}{8}^{\circ}$, pulse 84. 9.30 P.M. Temperature 100, pulse 78; morphia sulphate, gr. $\frac{1}{8}$, hypodermically.

March 21, 22, 23. No observations taken; morphia sulphate, gr. $\frac{1}{8}$, given each night, as before.

March 24. Bowels moved.

March 25. Sutures taken out, the central one being followed by a few drops of blood. This blood was caused by a slight tear in the integument. No pus was present, no pain complained of, and no tenderness on percussion.

March 28. Patient sat up. From this date no observation was recorded, as the progress of the case was unattended by any change calling for attention. She soon resumed her household duties, and has continued well. She has a small ventral hernia at the lowermost part of the cicatrix, but it gives her no uneasiness.

EXCESSIVE MEDICATION.

BY O. L. ABBEY, M.D.,
WATERFORD, PA.

How many of us in the first years of our practice medicate too much? We are not always quite sure of the disease, but sometimes think we are, and give medicine expecting to shorten its course or to abort it. In after years we treat similar cases with one quarter the medication we then used, and think a great deal of our former medication was not indicated. Many practitioners give compounds which are absurd. I can call to mind following the advice of consultations, when there were two or three compounds

suggested, each compound containing four different ingredients, and the patient getting as many as twelve different medicines. Now, if these were all good for the patient, why would it not have been wise to try two at a time? I have been called in consultation where, before I was called, the physician had tried everything in the *materia medica* indicated for that disease.

When I was asked if I could suggest anything different, I wondered the patient could withstand so much. We laugh at the homœopathist giving, *Ac.*, *Bel.*, or *Mercurius*, No. 10, No. 15, etc., at intervals of ten or fifteen minutes. But if some of the compounds we prescribe every three hours were separated and given singly one would be administered quite as frequently. There are times when the friends of a patient feel that they are not doing much for a sick person if the medicine comes only at intervals of one and a half hours. In such cases I would extemporize some simple thing to fill in and keep them busy. My best success in treating fevers has been where I medicated very little.

If a drug does not do good in a certain case the patient fares better without it, for it may do absolute harm. This is especially true in acute cases. How many men have used spirits of nitrous ether for some time before they found out that, in kidney troubles, where there is acute or chronic inflammation, it does absolute harm; and that it is useful in kidney trouble only when the kidneys need a stimulating diuretic.

Of course in this day, when everything is run through at railroad speed, a patient's friends want to see something done most of the time. This is especially true in small towns, where physicians dispense their own drugs, where there is no pharmacist's bill to pay, and where the friends may be believers in homœopathy, such friends are always ready with their advice, and free to say that their doctor gives them *Ac.* and *Bel.* or *Kalium*; and if the pain is in the right ovary they give them *Apis.* and *Bel.*, and if it is in the left ovary they give *Lach.* every ten or fifteen minutes. These exigencies must be met; but let it be done with simple things, and by attending to the hygiene of the room, and as much as possible by means of local applications, instead of drugs.

Last winter I was confined six weeks with acute bronchitis. I ran the scale on aconite, gelsemium, ipecac, muriate of ammonia and squills; but notwithstanding all these remedies it took six weeks for me to get well, and I received benefit from only two things: *veratrum viride* and Dover's powder. I

think if I had kept my bed and taken nothing but *veratrum viride* at first, and followed it with the Dover's powders, I would have got along just as well and perhaps better. I have treated severe cases of acute pneumonia with *veratrum viride*, followed by ipecac, this being the only two medicines I have used. I have no doubt that in many cases of fever, where so much medicine has been given, nature effected the cure, and the patients recovered in spite of the treatment. Many cases of fever will do well with a good diuretic, given until the fever abates, and followed by quinine. Giving a medicine for every symptom arising in the course of a disease is too much like the plan of the homœopaths who give different remedies for pain in the right or left ovary. This may display good theoretic knowledge; but is it good for the patient? I knew a physician, who died twenty years ago, who had an extensive practice in the country. He had a great reputation for treating fevers, and his practice was so extensive that often he could see his fever patients only once in every three days, and of course his medicine was not changed during that time. Usually his patients had only two things to take. He medicated but little, and his success was above the average; among his strongest points was the fact that his good judgment told him what not to give. This is one great secret of success in the practice of medicine.

I think that one reason why so many intelligent people are homœopathists depends upon the fact that they think that, if their medicine does not do any good, it does no harm. When I think of the many medicines used in the present day, it seems to me important to ask: Is the percentage of cures of acute diseases any larger now than it was twenty-five years ago, when but a small part of the remedies we have now were known or administered?

—An official notice has been published by the Berlin *Deutsches Tageblatt* of Nov. 17, which gives some information regarding "Warner's Safe Cure." The announcement describes this preparation as a brown liquid in flat bottles, containing about one pint, which has been for some time recommended for kidney complaint, and sold at the price of \$1.00 a bottle. The official chemical examination of the same, together with the declaration of a Berlin apothecary who introduces it, makes known that its essential ingredient is American wintergreen, and that the bottles are, at the highest valuation, worth only 50 cents each.

SOCIETY REPORTS.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Thursday, February 2, 1888.

THOS. M. DRYSDALE, M.D., in the chair.

DR. B. F. BAER presented the specimen, and read the report of a

Case of Non-Papillary, Intra-Ligamentous Cyst,

in which he had enucleated the entire tumor in the right broad ligament, but only the lining membrane of the cyst in the left broad ligament.

Sessile tumors, whether cystic or solid, are always more or less dreaded by the operator, because of the greater difficulty and danger attending their removal, and also because, in the case of sessile cysts, the result as to the permanent relief of the patient is less certain than where the tumor has a pedicle. Clinically and pathologically, therefore, these cases are of great interest and importance. Pain and hemorrhage are the important subjective symptoms. The former is usually present, sometimes in great severity; the latter is at times alarming in the quantity of blood lost and in the frequency of its recurrence. This is not surprising when we consider the close relation which these tumors sustain to the uterus and to the other pelvic organs and tissues. The wedging and pressure which result from the growth of the tumor in the limited space produce great congestion of the blood-vessels from stasis. The uterus becomes enlarged and softened in consequence, and metrorrhagia follows; but the hemorrhage is conservative to a certain degree in relieving the distended vessels, probably averting rupture of a vein in the broad ligament or in the tumor. The pain which results from the tension and stretching of the nerves involved is also relieved or modified by the depletion following a free hemorrhage from the womb. But the flow once started, does not always remain within the conservative line; it sometimes becomes uncontrollable, and results in acute and serious anemia.

According to Doran, sessile cysts which arise from the hilum of the ovary or from the Wolffian relics in the broad ligament are usually papillomatous; but that non-papillomatous sessile cysts infiltrating the broad ligament are not infrequently met with is shown by the following statement from that

author: "In twenty-four cases where I assisted at the operation, sessile cysts infiltrating the broad ligament were removed, more or less completely, but their origin could not be ascertained; none of them contained glandular growths, most were multilocular, but papillomatous growths did not exist." (Tumors of the Ovary, etc., p. 68). Further, the ordinary pedunculated multilocular cyst of the ovary sometimes contains papillomatous growths, the result possibly of stray Wolffian relics. I have presented at least one such specimen to this society, and I have seen others. On the other hand, the multilocular ovarian cyst without papillomatous material has been found, in rare instances, to have invaded the hilum and broad ligament in its growth. Doran records two such cases. He says: "I have seen two cases where a sessile cystic tumor of the ovary was removed, and this proved to be an undoubted case of glandular cystic disease, invading the hilum and the broad ligament." The case which I here report is probably another instance of this pathological anomaly.

Mrs. X. was sent to me by Dr. O. H. Adams, and entered my private hospital in April, 1887. She is 32 years of age, married, and has had three children, the last two (twins) eight years ago. Following her last labor she had puerperal mania, which necessitated her confinement in an insane asylum during four months. Two years ago she began to have attacks of sharp pain in the right ovarian region, radiating to the groin and down the anterior portion of the thigh. The pain was intermittent in character and cramp-like, lasting hours at a time, and was usually followed by a purulent, fetid discharge from the vagina, which would afford her great relief. At other times the attack would end with a profuse metrorrhagia, which would leave her pale and weak, but free from pain. About two years before coming under my care, she first noticed a "lump" in the right groin, which has gradually increased in size. Sometime after, she noticed a similar growth above the left groin. She was considerably emaciated and looked very ill. Examination revealed a tumor as large as a child's head in the right iliac region, and a smaller one in the left ovarian region. The tumors seemed to be fixed in the pelvis, and to have a broad base of attachment; they were immovable below but mobile above, and semi-fluctuating. Vaginal examination showed them to be so deeply attached in the pelvis and so intimately related to the uterus, that I was

unable to complete my diagnosis without anæsthesia. The patient was therefore placed in bed and ether administered, when it was found that the uterus was elevated by the tumor on the right side with which it was connected. There was evident fluctuation, though the tumor was thick-walled and very firm, almost hard. The lower surface occupied the position of the broad ligament at the side of the uterus. The same condition existed at the left side, but to a less degree. I diagnosticated sessile cystic disease of both ovaries or broad ligaments, and advised immediate operation, to which the patient gladly consented.

On April 13, 1887, I proceeded to operate, being kindly assisted by my friend Dr. Daniel Longaker. When the tumors were exposed, they were found to be so closely connected with the womb, that they seemed to be one with that organ, which rested as a wedge between them. The Fallopian tubes extended outward over the upper surface of the tumors, while the broad ligaments and the greatly distended veins of the pampiniform plexus were expanded so as to apparently envelop them, the whole presenting a dark, purple appearance, which was not at all reassuring. After separating some slight adhesions on the posterior aspect of the larger tumor, and rolling it forward, the nacreous surface common to the multi-locular ovarian cyst was exposed to view. Selecting a spot on this free surface because it was less vascular, I now plunged a trocar into it, when about two pints of a tarry-looking fluid drained away. A more thorough investigation, which the diminished size of the tumor now afforded, showed it to be adherent to the cæcum also. Previous to beginning the enucleation, I passed a long blunt needle charged with a double ligature through the expanded broad ligament at its least vascular portion, between the uterus and the tumor, and as far below the Fallopian tube as could be done with safety. One side of the ligature was then drawn up and tied close to the uterus, including within its grasp the tube and vessels. Thus insured against hemorrhage from that source, I now cut through as far as the ligation extended, and continued the enucleation down to the base of the tumor, and then outwards, finally separating it from the head of the colon. There was some bleeding from the numerous veins which were broken, but this was readily controlled by catch-forceps and ligatures. Attention was now given to the tumor on the left side. This was found to be deeply imbedded in the pelvis and firmly fixed to the uterus, Fallo-

pian tube, descending colon and rectum. The upper surface was covered with a network of distended veins, some of them as large as a quill. Enucleation of this tumor seemed too hazardous, and hysterectomy was out of the question; for to do the latter the tumor must first be dissected from the colon and the pelvic floor, which was not practicable. I determined, therefore, to evacuate the contents of the cyst by aspiration and then to shell out the lining membrane, or, failing in this, to insert a drainage-tube into it. But, while endeavoring to find a position for puncture, my finger passed into the tumor low down on the posterior border of the broad ligament. Instantly the parts were flooded with a tar-like, semi-fluid substance similar to that which had been evacuated from the cyst on the right side. This was removed as quickly as possible by sponging. I then passed my finger through the opening which I had thus accidentally made, and after a careful and gentle dissection succeeded in removing the entire secreting surface of the cyst. Blood was now flowing from the small valvular opening in the broad ligament, but as it was apparently venous I hoped to check it by compressing the now flaccid folds of the broad ligament. For this purpose several large sponges were inserted and external pressure made upon them while the abdominal sutures were being placed. The sponges were then removed. There was still a slight flow of blood, but as it was doubtless only a venous oozing I concluded to close the wound and trust to pressure and the drainage-tube. The patient was placed in bed and the tube carefully watched. During the next two or three hours several teaspoonfuls of quite bloody serum passed through it; after forty-eight hours the tube was removed.

This patient made a slow, but good recovery, and went home six weeks after the operation. She has been entirely relieved of her former sufferings, and the loss of weight and strength have been regained.

DR. WM. GOODELL reported

A Case of Splenectomy.

Mrs. R., aged 40, had chills and fever in early life, but after her marriage, 18 years ago, she removed to a healthy country town and had no return of the disease. She has had two children, the youngest 7 years ago. At this labor she had a serious flooding and was confined to her bed for six months from excessive prostration. Since that time, she has never been well, being weak and miserable. Her monthly periods were always free

and generally painful. Last March she had a very severe attack of what her physician called malarial fever, and her life was threatened by repeated attacks of hæmatemesis and hæmoptysis. A sore tumor was now discovered, which was pronounced to be a uterine fibroid, and she was sent to Dr. Goodell. He found the womb pushed low down and retroverted by a solid tumor, which started from the region of the right ovary and ran diagonally towards the splenic region. It entered the pelvis so low down as to cause bulging of the anterior wall of the vagina. The womb seemed to be independent of the tumor, for the former could be moved about freely with the sound. Yet when the tumor was pushed upwards, it conveyed motion to the womb, drawing it also upwards. The tumor was always painful, and the complexion of the woman was markedly cachectic. The diagnosis made was sarcoma, either of the right ovary or of the omentum.

At the operation a very long incision was needed, reaching not quite up to the ensiform cartilage. The tumor was of a dark purple color and was attached in every direction by very long tortuous and wholly denuded vessels, which looked like the largest earth worms, and were of corresponding length. Most of the vessels came from the omentum, which had disappeared apparently by being incorporated with the tumor and by having its connective tissue and fat removed by absorption, leaving the blood-vessels bare. These vessels were either single or else grouped in large bundles, and had all to be ligated. By them the tumor had evidently been nourished, for what looked like a pedicle, was slender, long and twisted. It was lost in such a mass of livid veins that Dr. Goodell did not dare follow it up to its source. His diagnosis had been sarcoma of the omentum; but he was so uncertain of the character of the growth that he sent the specimen to Dr. Formad, who pronounced it a leukæmic spleen. It weighed not quite six pounds. The woman did well for four days, then symptoms of embolism set in, the sputa became streaked with blood, and she died on the sixth day. So far as he can learn from the literature on the subject, his case made the eighteenth in which a leukæmic spleen had been extirpated, and all had died save one.

DR. HARRIS said that the case of recovery after operation for removal of a leukæmic spleen, spoken of by Dr. Goodell, had occurred under Dr. Franzolini, of Modena, in North-eastern Italy. The proportion of leucocytes was small, which probably accounted

for the recovery of the patient. The diagnosis had been made before the operation.

DR. PARISH had a few years ago seen a case with late Dr. Wallace, in which a diagnosis of the fibroid of the uterus had been made. A tumor the size of the two fists was found near the side of the uterus. The patient developed peritonitis and was tapped by the assistant physician; some dark fluid was withdrawn. Death took place a few months after, the peritonitis having been cured. At the autopsy, the spleen was found adherent to the uterus and to the pelvic brim.

DR. GOODELL called attention to the hæmoptysis and hæmatemesis in his case, which were the usual symptoms of a leukæmic spleen; but he had not been informed of them until after the operation had been performed, and, therefore, he did not have that clue towards forming a diagnosis.

DR. HAMILL exhibited

A Uterus Removed from a Woman in the last Month of Pregnancy,

and said: The opportunity to examine the uterus at an advanced period of pregnancy is not often afforded; and as this particular specimen presents several well-marked and interesting features, I felt that it would be of interest to place it before the society. The uterus was removed about twenty-four hours after death. I was present when the patient died and wished to remove the uterus immediately, but could not obtain the consent of the family. I shall very briefly call attention to the several conditions noticed: The outer surface of the uterus is studded in many places with syphilitic nodes. The woman had contracted syphilis early in her married life, and manifested other marked symptoms of the disease. There is also a small cyst of the broad ligament. The specimen presents quite markedly the contraction ring, or ring of Bandl. I give both designations advisedly, inasmuch as it is not definitely determined whether this ring represents the internal os, as Bandl asserts, or marks the boundary between the upper and lower uterine segment, as Schroeder believed. According to the investigations of MacDonald, Müller, Sängner and Lusk, this condition does not always exist. In three autopsies made by Lusk, he failed to find any trace of Bandl's ring. Schroeder, in a frozen specimen, found this ring very distinctly, but claimed that it was the dividing line between the upper and the lower uterine segment. Bandl holds the contraction ring of Schroeder to be the true internal os, and consequently one would expect to

find below this ring cervical mucous membrane, whereas the portion between Bandl and Müller's ring is covered by decidua. Bandl explains this by his three hypotheses: (1) the deciduous membrane is crowded down into the cervix by the weight of the presenting part; (2) in primiparæ the advancing head strips off the mucous membrane, which is replaced by decidua; (3) the cervical mucous membrane is transformed into decidual membrane during pregnancy.

Another interesting feature, which the specimen demonstrates beautifully, is that condition pointed by Leopold and Lusk as seen in their Cæsarean sections, viz., the delicate filamentous bands running from the chorion to the decidua, which are the atrophied villi of the chorion. The attachment of the placenta is to the posterior wall of the uterus.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, February 16, 1888.

The President, A. JACOBI, in the chair.

DR. IDELE A. SEIBERT read a paper upon

Cholera Infantum and the Weather,

and gave as his excuse for doing so the fact that, while much had been said upon it, definite knowledge had not been arrived at.

Dr. Seibert had collected all the cases of acute gastro-intestinal catarrh in children under five years of age occurring at the German dispensary during the period of ten years, from 1878 to 1888, and had compared their frequency and severity during the several months and years with the meteorological phenomena during the corresponding dates. The total number of cases was 8036. Of these the largest number occurred during the warm weather months, June, July, August, September, October, and the fewest during the remainder of the year, the cold weather months, so that we might properly continue to call it a summer complaint. But its relation to heat, to moisture and to winds was not what many had been led to believe. His statements in this respect were founded on a study of several charts in which the figures given were thoroughly analyzed and compared. Besides a study of these eight thousand cases, he had also made a study of the number of deaths from the same disease during the same period of time, as shown by the statistics at the Board of Health. The following statements grew out of his investigations:

1. Hot weather, either dry or moist, is not necessary for an epidemic appearance of summer complaint.

2. Warm weather, either dry or moist, showing minimum daily temperatures of not less than 60° F., brings on the epidemic appearance of cholera infantum invariably in every year, irrespective of the height of the maximum degree of daily temperature, as in the latter part of June of nearly every year.

3. Summer complaint loses its epidemic character as soon as the minimum daily temperature falls below 60°, as in the latter half of October of nearly every year.

4. Therefore this disease cannot be brought about by the direct working of high temperature on the infantile body, but must have other causes.

As to what these other causes might be, Dr. Seibert was of opinion that it was chiefly spoiled milk. It had been shown by Dr. Edson and others that milk readily decomposed when of a temperature of 60° or above. That which was brought to the city was usually milked in the afternoon or evening, and transported to the city during the hottest hours of the day, and was jostled over the streets before reaching the consumer, being thus subjected to all the conditions favoring decomposition. His statistics also showed, contrary to general belief, that the mortality from summer complaint was less during August than during July. This difference might be accounted for in different ways, the chief one being probably that parents had their attention more fully aroused by that time to the necessity for proper precautions.

The paper was discussed by Drs. L. E. Holt, J. Lewis Smith, A. Caillé, A. M. Jacobus, and the President, most of whom expressed the opinion that cases classed as summer complaint were not all of one disease.

The PRESIDENT believed that cholera infantum proper was in a measure due to the action of heat, as most cases occurred during a hot spell; while ordinary cases of acute gastro-intestinal catarrh, which were the more frequent, existed during warm months, when the temperature could not be called hot.

DR. J. LEWIS SMITH thought the cases occurring during the cold months had not the same origin as those developing during the warm months. Those who had given most thought to the cause of summer complaint, he said, were of the opinion that it is due to a micro-organism.

REPORTS OF CLINICS.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

MEDICAL CLINIC—PROF. OSLER.

Multiple Aneurism of the Aorta.

The post-mortem specimens from this case were brought before the class. The first sac took its origin from the upper part of the ascending portion of the aortic arch. The body of the tumor bulged forwards, pressing against and eroding the manubrium, the ends of the clavicle, the costal cartilages, and first and second ribs of the right side, and formed an external mass as large as a cocoa-nut. The skin had been eroded at two points, situated over the most prominent portion of the sac, and through these openings a slow but constant hemorrhage occurred. A second aneurism, filled with firm laminated clots, was found at the beginning of the descending portion of the arch, and a third was situated below the diaphragm, just above the origin of the coeliac axis. This also was filled with firmly organized clots.

Previous to his death, this man had complained only of some pain in the chest and moderate dyspnoea on lying down. Otherwise he was in excellent health. The cause of death was exhaustion consequent upon the uncontrollable hemorrhage carried on through the two erosions in the skin. Fatal hemorrhage from external openings such as these is of exceedingly rare occurrence. The heart was found to be very slightly enlarged; aneurism seldom produces any cardiac hypertrophy.

Pneumonia.

The patient was a man, 34 years of age. He had had a bad cough for a week previous to his admission. On the day before he presented himself here the cough grew much worse, dyspnoea became a prominent symptom, and increased pain in the right chest occasioned much distress. There were also heightened temperature, chilliness and vomiting. On admission, the temperature was 101° , respirations 36, pulse 82. The cough was frequent, and accompanied by a rusty sputum. Percussion on the right side gave a high pitched note in the lower axillary and infra-scapular spaces, but auscultation only a few indistinct râles, without definite blowing breathing. The temperature rose rapidly during the ensuing night, and by morning had

reached 104° . Here it remained throughout the day, and then fell to the normal within the next thirty-six hours. The treatment consisted in nitric ether and citrate of potash, and dry cups over the affected area, followed by poultices.

Remarks.—The lecturer regarded this case as a striking instance of a class of pneumonias in which one might find all the rational symptoms of this disease with an utter absence, or scarcely appreciable presence of any of the physical signs. Three or four days may pass, during which cough, thoracic pain, rusty sputa, quickened respiration, and high temperature may possibly be well marked, before the local signs of exudation and solidification reveal themselves. It is to be remembered that the lung is an organ of considerable capacity; that it fills quite a large space; and, hence, if the inflammation happens to be deep-seated or central, it will take very careful auscultation to discover the customary râles. It is only when the pneumonia is superficial that the râles and blowing respiration are of easy recognition. As to the treatment of a mild, uncomplicated case such as this, it is, of course, very simple. Scarcely anything more is necessary than confinement to bed, and a mild aperient and diaphoretic course of remedies.

Pleurisy; Empyema; Phthisis.

This young woman, aged 28, was admitted to the hospital last March with all the signs of pneumonia of the right base. She was placed under treatment for that disease, and in a reasonable time the cough lessened, the sputa diminished, the respiration became less frequent, and the pneumonia seemed to have run its course; but, in spite of all this, the temperature remained high and dullness was still found at the base of the lung. In addition, the patient had several chills, and there occurred profuse sweating. It was then discovered that an empyema existed, and, a short time subsequently, the lung displayed unmistakable evidences of tuberculosis.

Now the question arose: "Was this principally a case of pleurisy, tubercular in its origin, or was it a case of what has been called acute pneumonic phthisis, with the pleuritic lesion secondary to it?" Many authorities now assert that the large majority of pleurisies are really of tuberculous origin, and that they are preliminary to, or are accompanied by, tubercular deposits in the lungs. Dr. Osler thought this was going too far. He grants that many cases of pleurisy have this for their exciting cause, no doubt; but he is not

yet ready to accept the doctrine that the majority of them are due to it.

Gastro-Intestinal Dyspepsia.

John S., aged 56, ship's steward, has suffered more or less constantly for several months from imperfect digestion. During the last three months an obstinate diarrhoea has added greatly to his discomfort, and it is for this disorder that he now applies for treatment. He averages about four stools in the twenty-four hours. There is no tenesmus, no blood, and no pain of any account. There is an entire absence of that tenderness over the large bowel which would indicate the existence of ulceration. Chronic dysentery is thus excluded. The patient has noticed that the diarrhoea is markedly influenced for the better by a restricted diet. A full meal, on the other hand, is followed by an aggravation of the diarrhoea and by a distressing degree of flatulence, the wind passing, as the patient says, "both ways." From these facts the case is diagnosed as one of gastro-intestinal dyspepsia, the mass of semi-digested food being responsible for the appearance and continuance of the diarrhoea.

Treatment.—The lecturer thought that certain of the artificial digestive ferments might be employed here with advantage. Preparations containing pepsin, pancreatin, etc., were clearly indicated and would, doubtless, prove of benefit. In addition to these, however, Dr. Osler spoke warmly of the value of naphthalin in doses of v to viij grains, taken in capsules immediately after meals. Should the diarrhoea persist, bismuth was to be used in preference to any other remedy, but it must be given in larger doses than those usually prescribed. Grains xv-xxx should be given three times daily in order to secure a favorable result.

—A new and ingenious test for detecting the addition of water to milk is reported, based upon the fact that all well and river water contains nitrates of either calcium, sodium, potassium, or ammonium in varying proportions. The presence of either of these, according to the source of the water, may easily be determined in the residue left upon evaporation of the water. These nitrates, in the proportion present in the drinking water, produce a blue color with diphenylamine sulphate. In testing, twenty drops of the diphenylamine sulphate is placed in a saucer and a little of the suspected milk poured into it. In the presence of only five per cent. of well water of ordinary quality in the milk, it will gradually assume a blue tinge.—*Quarterly Therapeutic Review*, January, 1888.

PERISCOPE.

Case of Poisoning with Potassium Bichromate.

Dr. W. Norton Whitney, in a communication to the *Sei-I-Kwai Medical Journal*, of Tokyo, Japan, December, 1887, reports that a case of poisoning by potassium bichromate recently came under his notice, which he thinks worthy of reporting on account of the large amount of the substance ingested, and the fortunate recovery made through prompt use of antidotal measures. The patient was a young married woman, about two months pregnant, who through mistake took a swallow of a saturated solution of potassium bichromate, which had been used for charging a carbon battery, and also contained sulphate of mercury and sulphuric acid. The fluid had been carelessly placed in a Crosse and Blackwell fruit bottle, marked "Raspberries," and was supposed to be raspberry syrup. The amount of fluid ingested was estimated to contain about twenty-four grains of the bichromate and three grains of the sulphate of mercury. Immediately upon its ingestion it occurred to her, from the astringent taste of the fluid, that she had taken poison; and, recalling the fact that the white of an egg is a safe antidote for corrosive poisons, she immediately, and within five minutes after she had taken the fluid, swallowed the white of one egg. Nausea and vomiting of a bright yellowish substance immediately followed. The nausea and vomiting continued for some time. Dr. D. B. Simmons was called, and ordered some more white of egg, and some warm water and bicarbonate of soda, which were given about half an hour after the poison had been taken. At this time the nature of the fluid taken had not been discovered. Nausea and vomiting continued for about seven hours after, vomiting taking place about twenty times in that interval. Four hours later, castor oil was given, which acted in a few hours. Eight hours after ingestion of the poison, a slight hemorrhage from the genitals began, and continued for a short time, not amounting, however, to more than a drachm altogether. The patient had been sent to bed an hour after the taking of the poison, and she remained there for forty-eight hours. The fifth day after the accident she was carried in a hammock twenty-two miles, and on the sixth day rode by railway sixty miles to Tokyo. No ill effects have since been noticed, and the gestation had proceeded up to the time of the report three and one-

half months more. It is a matter of doubt in the author's mind as to whether the hemorrhage was due to the oxytocic nature of the poison, or to the violent and continued emesis; the fact, however, of there being so little hemorrhage and its early arrest, although a miscarriage at six weeks had taken place a year previous, points to the probability that it was entirely due to the vomiting.

Contractions of the Uterus during the Whole of Pregnancy.

Dr. J. Braxton Hicks, who is well known for his investigations upon the contractions of the uterus during pregnancy, has recently communicated two papers on the subject to the *Lancet*, January 14 and 21, 1888. The following is a brief *résumé* of these papers:

1. During the whole of pregnancy the uterus contracts at intervals, which vary much, but commonly last from five to twenty minutes, and it remains in contraction for a shorter time, say from three to five minutes.
2. If the examining hand is placed at the time of contraction on the uterus the latter will be firm, pear-shaped, and the foetal parts not readily, if at all, detectable; if the hand is placed on it during the state of rest, or is allowed to remain on till the firm state is passing off, then the outline of the uterus is indistinctly felt; sometimes it cannot be felt at all, while the foetus can be more or less clearly made out and can often be pressed with the fingers outside into various positions, even as early as the fifth month.
3. By noting these facts, we are enabled with ease, in general, to decide as to the existence of normal pregnancy, to diagnose between this and various tumors, both uterine and abdominal, between pregnancy and distended bladder, and other conditions easily called to mind by the practitioner.
4. That these intermittent contractions have the physiological use of emptying the loaded uterine veins, changing highly carbonized blood for that more aerated.
5. That from observations which he has made he is inclined to think that there is some pretty constant relationship between the accumulation of this highly carbonized blood and the foetal movements, and also between the foetal movements and the uterine contractions.

Restored to Sight after sixty years of Blindness.

In the *Lancet*, January 7, 1888, Dr. David McKeown reports the case of a fiddler, 63 years old, who had been blind, when first

seen by Dr. McKeown in August, 1883, for sixty years. When one and a half years old, he lost the sight of both eyes from an attack of small-pox. The right eye lacked perception of light, but the perception of the left was good. There was a dense central opacity extending into the upper half of the left cornea, and the iris was adherent all around to the margin of the opacity. An iridectomy was performed, opposite the transparent cornea above, which was the only place available for such a purpose. A year after the operation, his condition was about as follows: the cornea opposite the artificial pupil was a little milky; the use of the eye was attended with some difficulty, on account of the position of the artificial pupil, which caused strain upon the inferior rectus; the presence or absence of the lens could not be determined; the result of a trial with glasses was practically *nil*; the vision which he had gained by the operation enabled him, when in the streets, to dispense with the stick, which, before the operation, was a necessity; he could count objects of a line and a half in diameter when about a line distant from each other; he recognized comparatively small differences in size. His color perception was good, and his color education progressed very rapidly.

The author regards this case as unique, considering the early age at which vision was lost, the prolonged period of blindness, and the gratifying result of the operation.

Differential Diagnosis of the Different Syphilitic Ulcers.

G. Wertheim states in the *Weiner med. Blätter*, 1887, No. 11, that he believes that he can, in every case, say with certainty whether he has to deal with a hard chancre or a soft, or so-called mixed chancre. His method of procedure consists in first treating the pus of the chancre with a solution of vesuvium (one thousandth of one per cent.); then with a solution of caustic soda, hydrochloric acid, chloride of sodium and distilled water. According as the resulting crystals form themselves into a granular structure, or into sheaves, or show a combination of granules and sheaves, the sore is one or the other of the three kinds of chancre. The author promises a successful result from the investigation only when his highly minute directions are followed in the most accurate manner; and the details of the method cannot be reproduced in an abstract.—*Centralblatt f. d. med. Wissenschaft.*, December 10, 1887.

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Perichondritis of the Larynx.

At a meeting of one of the medical societies of Vienna, on December 5, 1887 (*Deutsche med. Wochenschrift*, January 26, 1887), Dr. Schnitzler exhibited a case of marked perichondritis of the larynx which had been cured. The patient was taken sick at the end of December, 1885, with cough and hoarseness, and was subsequently unsuccessfully treated by Prof. Schrötter for two months with local applications of iodine and glycerine, and nitrate of silver. He then came in July to the polyclinic complaining of severe hoarseness, cough, and difficulty in swallowing. There existed at this time a swelling of the whole mucous membrane of the larynx. The epiglottis was thickened, and on both sides of it were ulcers; the arytenoids were decidedly thickened, the vocal cords reddened and swollen, but the inter-arytenoid mucous membrane unchanged. The presence of ulcers upon the epiglottis, while the larynx remained intact, was in favor of syphilis, although tuberculosis was suggested. There was dulness at the apices of the lungs, but an examination for tubercle bacilli gave a negative result. The patient explained that he never had had syphilis, but that ten years before he had had gonorrhœa which was complicated with buboes, and that there never had been any secondary symptoms. Insufflations of iodoform, sprayings with solutions of corrosive sublimate, and inunctions had no effect; on the contrary, the swelling decidedly increased, so that the patient nearly suffocated. Recovery followed the use of iodide of potash from three to five times a day for six weeks.

Case of Cystic Goitre Treated by Enucleation.

In the *Bristol Medico-Chirurgical Journal*, December, 1887, Dr. C. T. Vachell reports a case of cystic goitre, which occurred in a woman 22 years old, who was admitted to the Cardiff Infirmary, October 19, 1886. She had first noticed the tumor about nine years ago, and since then it had slowly and painlessly increased in size. Latterly, it had somewhat interfered with breathing, there being occasionally a choking feeling. At the time of her admission the tumor was about as large as an orange, and occupied the front of the neck, inclining to the left side. It was painless, firm, and fairly movable, fluctuated distinctly, and rose and fell with the act of swallowing. One large artery was felt entering at its right upper margin. An exploring needle was introduced, and it

was found to be a single cyst and to contain fluid of a reddish color. On October 27, chloroform was administered for the purpose of "shelling out" the cyst, but the patient became so pallid that it was not considered advisable to proceed; four ounces of a reddish fluid were, however, removed with the aspirator. By October 30, the cyst had refilled; and on November 3, the patient was etherized, an incision about two and one-half inches in length was made through the skin, over the most prominent part, and the cyst enucleated. Free hemorrhage occurred from two vessels, which were readily secured, and this done there was no further trouble in the operation. A drainage-tube was inserted and the wound dressed with carbolic gauze. The tumor weighed eleven and one-half ounces, and contained five and one-half ounces of fluid. It measured nine inches in circumference and was unilocular; the walls were from one-eighth to three-sixteenths of an inch thick. Some depression followed the operation, but the patient was discharged, cured on November 23, 1886.

Fatal Hemorrhage from the Tonsil.

Dr. J. N. Hall, of Sterling, Colorado, reports the following case in the *Boston Med. and Surg. Journal*, Dec. 22, 1887: Theodore W., about twenty-six years of age, a cowboy, was attacked with quinsy, about October 16, and bled severely from the mouth. He does not know the origin of the blood, which, he says, amounted to over a quart. He was about twenty miles from a physician at the time, and did not consult the writer until he had bled slightly at several other times. He wishes now (October 30) to know "what to take to get strong again."

At that time there had been no bleeding for several days, and the left tonsil, although somewhat swollen, was not very troublesome. He was given tincture of the chloride of iron, with fluid extract of ergot. After two days, feeling better, he went away from town to the ranch, forty-one miles distant. The next day but one, and during the absence of the writer, he returned, reporting three severe hemorrhages. He was very pale and weak. Dr. C. S. Stone found the origin of the blood to be in the right tonsil, in a cavity left by the evacuation of matter during the attack of quinsy. He applied styptics and no bleeding took place for ten hours. The patient was instructed to press upon the tonsil, in event of bleeding, with the finger. At 10 P.M., and at midnight, bleeding occurred, but was checked by the above plan before the

arrival of medical aid. With the assistance of Dr. Stone, subsulphate of iron was applied to the interior of the cavity. The patient in each hemorrhage lost, by Dr. Hall's estimate, about twenty ounces of blood. He was now pulseless at the wrist, extremities cold, and the heart's action very feeble: 150 per minute. The left tonsil was now greatly swollen, and a little matter was evacuated with a broad exploring needle. Two days later a decomposing clot, nearly as large as a hen's egg, was coughed from the throat, and the tonsil returned to nearly its natural size. For eleven days the patient improved, and was considered out of danger, having been on the street daily for a week. Dr. Hall then continues: "I was called suddenly at 2 P.M., October (November?) 16, to go a distance of one hundred and sixty-five feet to see a very sick man. The time occupied in going was extremely short, but it proved to be this patient lying on the floor moribund. No blood had been lost on the street, but, during the time the writer walked the distance named, the patient had lost blood so rapidly by the mouth and nostrils as to be so far gone that no measures of relief were taken, because they were considered utterly useless. As the writer entered, a stream of blood, as large as could flow, came from the mouth and nostrils, but it stopped shortly. The pulse was perceptible for a few seconds only after arrival.

"No post mortem was obtained. It would seem impossible for death to occur so suddenly from a hemorrhage from any vessel less than the internal carotid. It was learned after death that the patient had stated a short time before that he felt 'something swelling in his throat.'

"Probably the ulceration weakened the wall of the carotid artery, and the bleeding came from an aneurismal dilatation of the vessel at that point. Such rare cases have been previously reported."

Corrosive Sublimate in the Treatment of Diphtheria.

J. Stumpf reports to the *Münchener med. Wochenschr.*, No. 12, 1887, that after having passed through an epidemic of diphtheria from May, 1883, to March, 1884, with a mortality of 76 per cent. of the cases, he treated in December, 1884, a boy two and a half years old, who was suffering with diphtheria. He prescribed for this boy inhalations of corrosive sublimate every three hours. These were given by means of a Richardson atomizer, the strength of the solution being one to one thousand. After a few days the boy was

restored. Since that time he has treated thirty-one cases of diphtheria exclusively with inhalations of corrosive sublimate, and under this treatment he has lost only one eight-year-old boy in whom, however, the inhalations could be employed only twice. Another nine-year-old boy died four weeks after the beginning of the disease from a sequela. The other twenty-nine cases recovered quickly and completely. Under the employment of these inhalations, in from twenty-four to forty-eight hours the temperature fell from 104° or $105\frac{3}{4}^{\circ}$ to normal, without the employment of any other antipyretic. Simultaneously with this fall in temperature, there could be demonstrated a marked cessation in the formation of the diphtheritic membrane, which became defined against the healthy mucous membrane of the throat by a clear line of demarcation; the difficulty in swallowing also diminished; the patients desired food and drink, while the membrane, after remaining adherent for from three to five days longer, was then gradually cast off. No symptoms of intoxication whatsoever were observed under this plan of treatment. The only symptom of the action of the mercury was salivation, which was present in every case, but ceased within three or four days after the withdrawal of the remedy.

With reference to the quantity of corrosive sublimate which is thus employed, the author makes the following calculation: One drachm of the solution is necessary for each inhalation; therefore, six ounces suffice for fifty atomizations. Fifty atomizations of a solution, one part in two thousand, will be the maximum allowable dose. But fifty inhalations are scarcely necessary, and besides, more than half of the fluid is rejected by the child. The author employs simply a watery solution of a strength of one part in one thousand for children over six years of age; and for children between two and six years of age, one part in two thousand; while for children under two years of age, one part in three to four thousand.—*Centralblatt f.d. med. Wissensch.*, Dec. 10, 1887.

—A whole family at Versailles, consisting of the parents and two children, was poisoned with conium, which had been used instead of parsley in a dish of vegetables. The patients, being dangerously sick, were taken to the hospital for treatment and recovered. A variety of conium, much resembling parsley, is said to grow in all the backyards and gardens in Versailles.—*Western Druggist*, Jan., 1888.

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CHARLES W. DULLES, M. D., EDITOR.

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ENLARGED SUPRACLAVICULAR GLANDS IN CANCER OF THE STOMACH OR UTERUS.

In October, 1886, M. TROISIER called the attention of the Société des Hôpitaux of Paris to the occurrence of enlargement of lymphatic glands in the supraclavicular region, and especially above the left clavicle, in a certain number of persons with cancer of the stomach. A similar observation was reported by Millard within a week after this; and in the month of November Raymond published an account of a case of cancer of the neck of the uterus in which there was an enlarged lymphatic gland in the left supraclavicular region.

Enlargement of the glands in this situation, in persons with cancer of the stomach or uterus, is not of so frequent occurrence as to have attracted very much attention to the subject; but it is easy to see that, when it does occur, it might be a very important diagnostic sign. For there are not a few cases of disease of the stomach, when the existence of cancer is suspected, in which it would be of great value to have some tangi-

ble evidence to confirm the probable diagnosis. The same thing may be said, with less force, it is true, of cases of cancer of the uterus; because it sometimes happens that cancer is suspected under circumstances which make a thorough examination by the vagina impracticable or undesirable.

In the *Gazette Hebdomadaire de Méd. et de Chir.*, Jan. 20, 1888, PETIT reports the case of a woman, seen in 1887, with epithelioma of the cervix uteri, and with a gland enlarged to the size of a pigeon's egg above the left clavicle, which had the characteristics of hard cancer. In the same journal there is a report of a commission composed of MM. Bucquoy, Raymond and Troisier, upon this interesting subject. From the report it appears that Troisier has observed enlargement of the lymphatic glands above the clavicle, attaining the size of a hen's egg, in another case of cancer of the uterus, and he reports a similar case observed by Hutinel as long ago as 1881. Troisier has seen the same thing in a case of cancer of the left ovary.

The observations so far recorded indicate that enlargement of the supraclavicular glands, in cases of cancer within the abdomen or pelvis, is usually associated with similar enlargement of the glands in other superficial situations. But it sometimes occurs by itself. It also usually appears long enough after the implication of the internal organ to make it of less value as an aid to diagnosing the nature of the internal disease than as an evidence of generalization of the disease, and as an indication that a surgical operation cannot be expected to eradicate it. Nevertheless, as we have stated, it does occur independently, and it also sometimes occurs early; so that in a certain number of cases it may be of great service in establishing a diagnosis which would otherwise be uncertain.

The explanation of this phenomenon, which is offered by Troisier, is that cancer elements are carried by the thoracic duct to the orifices of the ducts of the cervical lymphatics, and thence, by a *reflux*, to these glands. This explanation appears to us entirely unsatisfactory, and we cannot find any which

is less so. But, even if the explanation of the occurrence is not what we might wish, the occurrence itself is of sufficient importance to warrant calling the attention of our readers to it. For the region concerned is one so accessible to investigation that surgeons may well include it in any examination they may have an opportunity to make; and it may be that, if attention be directed systematically to the matter, it may be found that enlargement of the supraclavicular glands occurs oftener than has been heretofore supposed in cases of cancer of the abdominal or pelvic viscera, and that this enlargement may be a very valuable aid to its diagnosis.

THE TREATMENT OF DIPHTHERIA.

In the *Deutsche med. Wochenschrift*, February 2, 1888, DR. V. KACZOROWSKI, of Posen, publishes an abstract of a paper on the subject of the treatment of diphtheria, in which he expresses views which we believe to be thoroughly sound. He discusses the nature of this disease, and outlines his own method of treating it. This consists in administering mild purgatives, preferably castor oil, and half tablespoonful doses of a mixture containing two parts of tincture of iodine and five parts of common salt in five hundred parts of water. This dose is to be slowly swallowed every quarter of an hour. He attaches great importance to the effect upon the throat of mild purgatives given every day while the disease is active, and to the local influence of a mild disinfectant solution such as is described above. Chlorate of potash, he believes to be an unsafe remedy; and prefers the combination of tincture of iodine and chloride of sodium, because it is safe, easy to take, and does not interfere with the appetite. It can be used also for washing out the nasal passages when these are implicated. In grave adynamic cases or when the membrane is putrid, he administers camphor and benzoic acid, and alcoholic stimulants, and pays especial attention to the nutrition of the patient, and to securing an abundance of fresh air, even in cold weather.

In regard to medication, Kaczorowski expresses a great horror of mercurials, and especially of corrosive sublimate. His objection to this class of remedies is purely theoretical, however, and we believe it would disappear if he used them scientifically. We think that the purely empiric administration of large doses of calomel at the outset of diphtheria is often of great service. This may be partly due to the fact that it usually produces free catharsis; but it certainly seems to do good even when no catharsis follows its use.

In the main, we think the views of Kaczorowski are correct, and we would especially endorse his deprecation of violent applications to the throat. We believe that there is little occasion for making them, especially in the case of children, who are often needlessly tortured in this way. Much more can be accomplished with teaspoonful doses of lime water, swallowed slowly every hour, than those who rely upon sprays and gargles, and local applications of various salts of iron or of strong acids, or of powerful disinfectants would believe. Keeping the bowels open, we believe to be one of the most important parts of a judicious treatment of diphtheria; and for this purpose we think no drug is better or so easy to administer as calomel in small and frequently repeated doses—for children, one-tenth of a grain, with a grain or two of sugar, given every hour until a stool is passed.

Tonics are rarely needed, but when they are called for, we believe the best to be small doses of whiskey—a teaspoonful every hour or two, for an adult, and correspondingly smaller doses for children—with perhaps a grain or two of quinine three times a day, and a few drops of the tincture of the chloride of iron in glycerine.

These measures, with good hygiene and good diet, will rarely fail to secure a satisfactory result in cases of ordinary severity. It may be pure luck which leads a man like Kaczorowski to think that they can be relied on, as a rule, in the treatment of diphtheria, and he may have had only simple and light cases to treat. But, again, he may not hav

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spoiled his cases with too great zeal in treatment, and some of them may have been easy to treat because he did not make them hard.

THE TREATMENT OF TYPHOID FEVER.

In the *Archives Générales de Médecine*, January, 1888, M. Albert Robin has a paper on the treatment of typhoid fever, and the typhoid state in general, which is deserving of the most careful consideration. He opposes the current theories in regard to the causes and the significance of high temperature, and the present practice in endeavoring to suppress it. He believes that chemical and physiological investigation does not support the view that high temperature is due exclusively to increased combustion in the body, or to diminished elimination of caloric. For this reason he is opposed to methods which seek simply to restrain the production of heat, or to abstract it rapidly; and he thinks it unwise to give heroic doses of so-called antipyretics, or to push cold baths or cold packing until the temperature falls decidedly. On the other hand, he shows, by a process of reasoning which is so admirable that we regret being unable to reproduce it in full, that more is to be expected from careful regulation of diet, copious supplies of drinking water, abundance of fresh and cool air, and medicines which are antiseptic and promotive of oxidation in the tissues, than from any attempt to combat the temperature alone.

He speaks particularly of the undesirability of trusting to massive doses of quinine, antipyrine, alcohol, and so forth; and inclines to the use of simple eliminants and moderate washings combined with the hygienic measures alluded to above.

In this we wholly agree with him, feeling sure that typhoid fever can be treated satisfactorily without the use of large doses, and especially of large doses of quinine and alcohol. The latter we believe to be absolutely dangerous, and to be only excused, but never justified, by the desperation in which one is apt to fall who sees a patient getting worse instead of recovering, and who

thinks that, if a little of a remedy is good, more of it must be better.

Our own conviction is strong, as we have indicated already in an editorial in the *REPORTER*, December 3, 1887, that the time when a case seems desperate is the very time when the physician should most courageously restrain the natural disposition to fly to desperate remedies. If the patient should die—well, some must die, or man would be immortal! But, he may yet get well; and, we believe the likelihood of this happy issue of the case is materially improved by sticking to gentle measures, and sparing the patient from having to struggle with the influence of violent medicament, as well as with the depressing forces of his disease.

QUACK ADVERTISEMENTS IN RELIGIOUS NEWSPAPERS.

Since the publication of our editorial in the *REPORTER* for Dec. 31, 1887, on quack advertisements in religious newspapers, we have received a number of letters expressing concurrence with our opinions and sympathy with our endeavor to so direct attention to the subject as to lead to some improvement in the moral tone of these religious guides. Some of these letters come from the editors or publishers of religious papers, and—as might have been expected—from those who do not sin in the way under discussion. Some of these letters bear witness to the hardships which go hand-in-hand with a strict adherence to principle, and to the sense of injustice excited by seeing so-called religious papers, which are blessed with comfortable consciences, waxing fat, while the truthful and honest paper has some trouble in getting along. It is true that the *mens conscia recti* is a good thing to have; but, since the days of Ecclesiastes, those who try to do what is right would like to believe that the sinner was less comfortable without it than he appears to be. But the so-called religious papers which make money out of quack advertisements manifest a bluntness of moral sensibility, which leads some of our correspondents to doubt that anything will arouse them to a sense of their turpitude. We shall see, how-

ever. Our religious contemporaries will not forget that a similar state of affairs led Jonah to think it hardly worth while to go to Ninevah; and it may be that the so-called religious newspapers are not sunk as deep in iniquity, as some of the really religious newspapers seem to think.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained, upon receipt of price, from the office of the REPORTER.]

A MANUAL OF MEDICAL JURISPRUDENCE, WITH SPECIAL REFERENCE TO DISEASES AND INJURIES OF THE NERVOUS SYSTEM. BY ALLAN McLANE HAMILTON, M.D., one of the Consulting Physicians to the Insane Asylum of New York City, etc. With illustrations. 8vo, pp. 390. New York: E. B. Treat, 1887. Price, \$2.75.

This book is presented as an elementary treatise and book of reference for lawyers and doctors. None the less, it is much more than the author in his modest preface declares it to be. He discusses in considerable detail, and to an extent indicated by the number of pages the book comprises: Insanity, Hysteroid Conditions and Feigned Diseases, Epilepsy, Alcoholism, Suicide, and Cranial and Spinal Injuries.

The author's established position as a writer on diseases of the nervous system fits him peculiarly for preparing a book on this subject, and those who consult this one will not be disappointed. It is a book which might be studied with profit, not only by practicing physicians, but also by lawyers, to whom problems of medical jurisprudence are presented many more times than they ever are to courts of law. We believe that this subject is one which ought to form part of the education of every doctor and every lawyer, and that no one of these two classes should leave the study of it until the exigencies of a civil or criminal action make it imperative. As our readers are chiefly physicians, we would urge upon them the importance of knowing something about medical jurisprudence, and can recommend Dr. Hamilton's book as both instructive and interesting.

ELEMENTARY MICROSCOPICAL TECHNOLOGY. In three parts. Part I. The Technical History of a Slide, etc. BY FRANK L. JAMES, Ph.D., M.D., etc. 8vo, pp. 107. St. Louis: St. Louis Medical and Surgical Journal Company, 1887. Price, paper, 50 cents; cloth, \$1.00.

The author of this book has been led to prepare it because in his experience, as a student and as a teacher, he had not found any work in which the technical details of microscopical work were not so scattered throughout the departments devoted to micrography as to make them to a certain extent useless to beginners. In order to supply the want which he felt, he has prepared a book in which nothing but technical detail is considered, and which we can heartily commend to beginners in microscopy. This part of his work deals simply with the steps required to prepare a specimen mounted permanently upon a slide, and omits no necessary detail of this procedure. The author's style is clear, and his instructions are entirely trustworthy; and we think

that his book is calculated to be of very great service to the class of persons to which it is addressed.

SPINAL CURVATURE, COMPRISING A DESCRIPTION OF THE VARIOUS TYPES OF CURVATURE OF THE SPINE, WITH THE MECHANICAL APPLIANCES BEST SUITED FOR THEIR TREATMENT. BY R. HEATHER BIGG, Assoc. Inst. C.E., etc. Illustrated by the author with numerous pen and ink drawings. 8vo, pp. 128. London: J. & A. Churchill, 1882. Price, \$1.00.

This book is not new, but it comes newly to our table. It contains plain and practical instructions as to the nature and proper treatment of the different varieties of curvature of the spine, both those dependent upon alterations in the bones and those due to nervous and muscular defects. It is marked by evidence of good common sense, and we believe is a safe guide in the matter of which it treats. It will interest Americans to know that Mr. Bigg strongly opposes the view that the plaster-of-Paris jacket of Sayre is a panacea for spinal curvatures, and that he goes so far as to assert that, when it is the best appliance for any given case it need not be applied with the aid of suspension. These opinions are not so singular now as they were when Mr. Bigg first made them public; but it is interesting to note the plainness with which he states them, and the fairness with which he maintains them.

PAMPHLET NOTICES.

I. AN ADDRESS FROM A SPECIAL COMMITTEE OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA TO THE MEDICAL SOCIETIES OF THE UNITED STATES, CONCERNING THE DANGERS TO WHICH THE COUNTRY IS EXPOSED BY THE INEFFECTUAL METHODS OF QUARANTINE AT ITS PORTS, AND IN REGARD TO THE NECESSITY OF NATIONAL CONTROL OF MARITIME QUARANTINE.

II. REPORT OF THE COMMITTEE OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA, APPOINTED TO INVESTIGATE THE EFFICIENCY OF OUR QUARANTINE ARRANGEMENTS FOR THE EXCLUSION OF CHOLERA AND OTHER EPIDEMIC DISEASES. *Printed for the College, 1888.* 45 pp.

THE GALVANO-CAUTERY SOUND AND ITS APPLICATION, ESPECIALLY IN HYPERTROPHY OF THE PROSTATE, WITH REPORTS OF CASES, BY ROBERT NEWMAN, M.D., of New York. From the *New England Medical Monthly*. 53 pp.

THE STRUCTURE OF WHITE THROMBI. BY W. H. WELCH, M.D., Baltimore, Md. From the *Transactions of the Pathological Society of Philadelphia*, vol. xiii, 1887. 22 pp.

—We have already, in the REPORTER, Dec. 24, 1887, published the address of the College of Physicians of Philadelphia to the Medical Societies of the United States, and need not further commend it to our readers. The second part of the pamphlet before us, although it antedated the first, furnishes an interesting and instructive appendix to this, and deserves to be carefully studied in connection with it.

—Dr. Newman's paper, which he read at the Ninth International Medical Congress, contains a strong argument for the use of a galvano-cautery which he has devised in the treatment of enlargement of the prostate gland, supported by accounts of

eight cases in which he has used it, introduced through the urethra or after a supra-pubic cystotomy. The reason for Dr. Newman's enthusiastic faith in this method is that, in his experience, "it has benefited or cured all cases under observation; a reasonable time has passed without any relapse; it has caused no pain, no detention from business or pleasure; no untoward after symptoms or circumstances have ever occurred."

—Dr. Welch's paper contains an admirable summary of the literature of the subject of white thrombi, together with critical remarks upon it, and an expression of his own views in regard to their structure and mode of formation. These views are founded in part upon the results obtained by other observers and experimenters, and in part on his own observation and experiments. He assigns a very important part, in the formation of white thrombi, to the "hæmatoblasts" of Hayem, called also "blood-plates" by Bizzozero, and "blood-plaques" by Kemp and by Osler. The discussion of this subject is too recondite to permit a satisfactory brief analysis of it, and we must refer our readers to Dr. Welch's paper for information as to the present state of knowledge in regard to it.

LITERARY NOTES AND QUERIES.

[In this column the REPORTER will publish short items of literary interest and questions addressed to this Journal or its readers, and answers to them, in regard to any literary matters: books, authors, places and prices of publications, etc.]

—Lea Brothers & Co., Philadelphia, announce the preparation of a *Clinical Atlas of Venereal and Skin Diseases*, by Robert W. Taylor, A.M., M.D. It is to be published in eight imperial folio parts, with 58 full-page chromo-lithographic plates, containing 191 figures. Price, per part, \$2.50, to be sold only by subscription.

CORRESPONDENCE.

Quack Advertisements in Religious Newspapers.

[We publish some of the letters received from our contemporaries in response to the Editorial of December 31, 1887, on this subject, selecting the first that came in chronological order.]

The Churchman (Protestant Episcopal.)
New York, Jan. 16, 1888.

EDITOR MED. AND SURG. REPORTER:

Sir:—The enclosed clipping is sent to us from one of our subscribers. Will you kindly inform us if it refers in any way to the *Churchman*? And oblige,

Yours truly, M. H. MALLORY & Co.

[To this we replied: "The part of the editorial quoted which refers to the *Churchman* is that which contains the statement, "There are a few happy illustrations of the fact that, even in a religious newspaper, 'honesty is the best policy.'"]

The Church at Home and Abroad. (Presbyterian.)

Philadelphia, Feb. 4, 1888.

EDITOR MED. AND SURG. REPORTER:

Sir:—I fully sympathize with the views you express about quack advertisements; but as our magazine does not advertise at all, it is probable that our contemporaries would not much heed what we might say.

Yours truly,

H. A. NELSON, Editor.

The Christian Register (Unitarian).

Boston, Feb. 4, 1888.

EDITOR MED. AND SURG. REPORTER:

Sir:—We shall be glad to print your article on quack advertising in religious newspapers. The *Register* has not published any such advertisements for years. It has lost thousands of dollars by pursuing this course. Still, we believe with you that our duty to the public requires it.

Yours truly,

SAMUEL J. BARROWS, Editor.

The Church Record (Protestant Episcopal).

Southport, Conn., Feb. 4, 1888.

EDITOR MED. AND SURG. REPORTER:

Sir:—When the *Church Record* was started, about three years ago, it placed at the head of its columns and on all advertising circulars and slips, "No Patent Medicine Ads. Received." * * * We knew that there were remedies patented which were good and useful, but we were not qualified to judge between them, and even the best are not desirable for indiscriminate use. Therefore, we were fixed in our position. We believe we are the only general religious paper in the land which from start to the present time has maintained this position. We have done it at great financial loss and in the face of personal abuse, but we shall do it to the end.

Whether we agree with your editorial or not, you can judge from this. And we hold that publication of medical ads. is not a matter of taste or business management, but a direct iniquity. You may use this letter as you think best.

Yours truly,

C. G. ADAMS, Editor.

The Moravian.

Bethlehem, Pa., Feb. 4, 1888.

EDITOR MED. AND SURG. REPORTER:

Sir:—I beg to state that for upwards of a year *The Moravian* has declined to insert any advertisements of proprietary or quack

medicines, at considerable financial loss, but to the very great satisfaction of

Yours truly, EDWIN G. KLOSÉ,
Editor and Publisher.
Freethinkers' Magazine.

Buffalo, N. Y., Feb. 4, 1888.

EDITOR MED. AND SURG. REPORTER:

Sir:—I beg to differ with you. I consider that religious journals are precisely the ones that should publish these advertisements. That is the proper place for them. Religion is nothing but quackery. The class of papers that they should be kept out of is the scientific and free-thought papers, that advocate what is known to be true. There should be nothing but quack advertisements in the religious newspapers.

Yours truly, H. L. GREEN,
Editor and Publisher.

Some new Uses for Antipyrin.

EDITOR MED. AND SURG. REPORTER:

Sir:—Deeming any new use for an old drug equal in value to the discovery of another drug, I offer my conclusions as to the uses of antipyrin. As to its well-known efficiency and safety as an antipyretic in typhoid fever and pneumonia, I cannot speak too highly. Perhaps its uniformly pleasing effect in my hands has been due to the fact that I never give larger doses than 10 grains, repeating this dose in one or two hours, if necessary.

In an epidemic of typhoid fever in Imlaystown, N. J., I have used it with uniformly good results in twenty-one cases, in which the temperature rose above 103°. Most of the parties to whom I give antipyrin speak of the relief it has given them, which is good evidence of its beneficial action. I find many cases of dysmenorrhœa which can be relieved in thirty minutes with doses of 3 to 5 grains of antipyrin, repeated as may be required by recurrence of the pain. I will cite only one case in point: E. N., 32 years old, married, no children, has for twelve years been compelled to keep her bed or a lounge for two days at every menstrual period. She is now able to be around all the time, and suffer no pain, by taking 4 grains of antipyrin whenever she feels the pains coming on. Previously, the only relief was obtained from opium and belladonna suppositories, which did not relieve the nausea and vomiting accompanying the pain as the antipyrin does; and, besides, caused the patient to keep quiet another day after the pain had ceased, in order to recover from the effects of the opium.

I have also found the drug useful in cases of trigeminal neuralgia, of which I have notes of two typical cases. In the first case, a man 50 years old, suffered with neuralgia of the first division of the fifth nerve, and was for a while benefitted by quinine and opium, as usually administered. Finally this lost all effect, except that it still produced ringing in the ears. Subsequently, potassium iodide in drachm doses at bedtime seemed useful for a while; but it did not agree well with the stomach. At last I tried antipyrin, and have been able to relieve the neuralgia every time it has recurred since (for six months), with five grain doses given every six hours until he is relieved.

Another very obstinate case of neuralgia of the first branch of fifth nerve occurring in a woman 70 years old, who has been a great sufferer all her life, I find invariably relieved by four grain doses of antipyrin every six hours, until sleep occurs, which is the signal of recovery. She is often unable to sleep for five or six days and nights from the terrible agony, which opiates seem nearly powerless to relieve owing to the length of time she has used them. This patient, having tried so many "specifics," had no faith in any new drug; but, since trying antipyrin, is very careful not to get out of "headache powders."

H. G. NORTON, M.D.
Imlaystown, N. J.

Chewing and Swallowing Glass.

EDITOR MED. AND SURG. REPORTER:

Sir:—Several months ago a negro-man, named Bill Jones (and I have no doubt it is the same man to whom Dr. Gracy alludes: REPORTER, January 14, 1888, pp. 61 and 62), registered with Kohl and Middleton of this city, the well-known Dime Museum proprietors, they advertising him as "The Greatest Phenomenal Glass-Eater of the Age." He bore the impress of perfect health, and acknowledged frankly, and, I believe, conscientiously, that he had at no time suffered from indigestion or any form of gastric disturbance. I may venture to say, without any degree of hyperbole, that one-half of the people of Chicago saw Jones perform the novel feat of chewing and swallowing glass, the majority of them believing, as may naturally be expected, that it was a sleight-of-hand performance. He disposed of a portion of a lamp chimney every hour for the benefit of the spectators, as it is a rule, I understand, for the Museum to change its audience every hour. Jones was billed for a three weeks' engagement at this Museum, during which

time he ate, according to Mr. Kohl's statement, on an average of two lamp chimneys a day, which would make a total, with the three Sundays included, of forty-two. His novel feat having become more generally known through its dissemination at large by the thousands of spectators that witnessed the performance, as well as extensive advertising, some physician suggested the practicability of calling on Mr. Kohl and asking his permission to exhibit Jones before a body of scientific, medical men to see whether or not it was a purely sleight-of-hand performance, or a typical case of glass-eating. Permission was granted, and Jones was subsequently taken to the Rush Medical College and there exhibited before a class of five hundred students, as well as several professors. Jones devoured with seemingly great gusto every particle of a lamp chimney which was brought into the lecture-room, the physicians in attendance watching every movement he made to see that it was not a pseudo-stomachic feat. A second one was ordered, which he ate with as much relish as the first. After disposing of the second, some one suggested another kind of glass, which was much thicker and of a blue color. Jones objected on account of the thickness of the glass, its color, and bitter taste, claiming that his stomach was peculiarly sensitive and would rebel against any kind of glass other than lamp chimneys, which he characterized as being "very sweet." After devouring the second lamp chimney, a probang was introduced and he vomited particles of the glass, which were slightly streaked with blood. The probang, however, was introduced more as a means to prove that the man *actually swallowed* the glass than for its well-known practical purpose of removing foreign bodies from the throat. One of the students procured another (a third) chimney, and urged Jones to dispose of that, to which he replied, "I do not like to overload my stomach now, as I have to eat one or two chimneys at the Museum to-night for the benefit of the spectators." *He actually eats the glass and discharges it from the bowels in the same state as when swallowed.* I have seen two other public performers eat glass, but not in such large quantities. Every one present regarded it as a *bona fide* case.

WILLIAM WHITFORD, M.D.

146 Warren Avenue, Chicago.

Feb 7, 1888.

Correction.

The first prescription in Dr. Bundy's letter (REPORTER, Feb. 11, 1888, p. 185,) should

have contained: Dilute phosphoric acid, 8 fluid oz.; compound fl. extract of cinchona, 2 fluid oz. The prescription as a whole would then read:

Take: Sulphate of strychnine.....4 grs
Dilute phosphoric acid.....8 fluid oz
Comp. fluid ext. cinchona.....2 " oz
Madeira wine.....1 pint
Simple syrup.....6 fluid oz

Yours truly,

A. D. BUNDY.

St. Ansgar, Iowa.

Feb. 14, 1888.

NOTES AND COMMENTS.

The Scarlet Fever Germ.

The *St. James' Gazette* (London) has recently published an interesting account of the experiments of Dr. Klein and Mr. W. H. Power, of the Medical Department of the Local Government Board, in regard to the relation between a disease found on the udders of some cows at Hendon and scarlatina. The cow disease was not itself scarlatina, but by cultivation of the organisms obtained from cows the specific micrococcus of scarlatina was produced. Moreover, this cultivation was made in milk, and it was the milk of the affected cow that caused the scarlatina epidemic which gave rise to the inquiry. Then it was proved that the virus of the cow disease, if conveyed into the human body by the medium of milk, developed there into the germ of scarlatina; although between the cow disease itself and scarlatina there is almost every possible difference. This discovery suggested to Dr. Klein a further question. He had shown that the cow disease could set up scarlatina in the human subject; he would now find out whether the scarlatina germ was capable of producing the cow disease.

From a number of patients in the Fulham Fever Hospital Dr. Klein took minute quantities of blood. These were placed in tiny tubes, and transferred to the surface of nutritive gelatine. In the result he obtained clear evidence that in some of his experiments the blood contained organisms. In other cases no positive results whatever were obtained. But in four cases out of nine the specific organism was detected; and the organism so recovered from the blood of scarlatina patients was found to be exactly the same as has been cultivated from the virus taken from the teats of the Hendon cows. Dr. Klein does not hesitate to name this organism the micrococcus scarlatinæ, as having

a special character and a definite mode of existence. The next question was whether, itself capable of being cultivated from the cow disease, it was capable of being transformed back into the virus of that disease.

With a subculture of micrococcus scarlatinæ derived from scarlet fever in a human being Dr. Klein inoculated two calves. The first was killed after ten days, and from blood taken from it a growth was derived identical with the micrococcus scarlatinæ. The second calf was killed after twenty days, with the same results. In both animals an identical disease had been produced. Subsequently two calves were fed with milk mixed with the growth from several tubes of the same date and the same source as used for the other calves; and again the identical disease was produced; this disease bearing a great resemblance to that observed in the Hendon cows, except that there was no affection of the skin. But three out of four other calves—two of which were inoculated and two fed—were differently affected. Sore patches appeared and the skin became scurfy; and on each nostril of one of them there was a patch of eruption which decided the matter. From these skin eruptions were obtained "beautiful chains of cocci" coinciding with those developed from the virus of the cows. The circle was thus complete. A cow disease which is not scarlatina, nor anything like scarlatina, causes the animal to have sore teats. The exudations find their way into the milk-pail, and there develop into something which infects human beings with scarlatina. From the scarlet fever patient a few drops of blood are taken, and after the disease germ has been cultivated, it is passed into the system of a calf, which forthwith becomes attacked by the identical disease observed in the original cow.

But this is not all. A case of suspected condensed milk was brought under Dr. Klein's notice. Scarlatina had broken out, and could be traced to no other source. Sure enough, the micrococcus scarlatinæ was found in the milk, and experiments with it on animals yielded exactly the same results as before. Again, last January, a monkey died at Wimbledon of scarlatina contracted by drinking the milk of cows among which there prevailed a disease similar to that at the Hendon farm. Microscopic examination of the internal organs of the monkey revealed the same changes as occur in these organs in human scarlatina, and in the blood the scarlatina micrococcus was found. By means of this micrococcus the Hendon disease was again induced in ani-

mals. Dr. Klein may therefore claim to have discovered a hitherto unsuspected cause of scarlatina, in the form of a little noticed and less understood cow disease, quite distinct from the dreaded malady which—after certain developments of its germ—it produces in man.

Material for Pessaries.

Dr. Ernest Fränkel, of Breslau, in the *Illustrirte Monatsschrift der Aerzt. Polytechnik*, Jan., 1888, speaks of the great value, in the treatment of retroflexion of the uterus, of Thomas's pessary. He describes the drawbacks of hard rubber as a material for their construction, and a plan which was carried out for him by Härtel, of Breslau, of making them of glass. The only objection to this material is that it is heavy, and Fränkel suggests that the pessaries might be made hollow, so as to be lighter, without impairing their strength.

He also strongly commends the use of pessaries made of copper-wire, covered with celluloid, as being less liable to incrustation, less liable to change shape when exposed for a long time to the temperature of the body, and demanding less skill to adapt their shape to the requirements of individual cases.

The Sense and Senses of Animals.

Sir John Lubbock recently devoted a lecture to this subject in Green Street Hall, Edinburgh, and pointed out that the dog was generally admitted to be a loyal, true and affectionate friend of man; but, when the nature of the animal was considered our knowledge, he said, was very limited. This arose from the fact that attempts were made to teach animals rather than to learn from them. It had occurred to him that some such method as that which was followed in the case of deaf mutes might prove instructive if adapted to the case of dogs. He had tried, with a black poodle belonging to himself, and had made the following experiments: "He had taken two pieces of card, one blank and the other with the word 'food' upon it. He had put the latter on a saucer containing some bread and milk, and the blank card he put on an empty saucer. The dog was not allowed to eat until he brought the proper card to him. This experiment was repeated over and over again, and in about ten days the dog began to distinguish the card with the letters on it from the plain card. It took a longer time to make the dog realize the difference between different words. In order to try to discover whether

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the dog could distinguish colors, he prepared six cards, marking two of them blue, two yellow and two orange. He put one of each on the floor, and tried to get the dog to bring to him a card with the same color as one which he showed the dog in his hand. After trying this for three months, he found that his experiment in this direction was a failure." Sir John Lubbock proceeded to state that he considered it doubtful whether ants could hear or not, but that it was possible that both they and bees might hear sounds so shrill as to make no impression on the human organ of hearing; and so perhaps with colors. The world might, to insects, be full of music which we could not hear, colors which we could not see, and sensations which we could not feel.—*Lancet*, Dec. 31, 1887.

A Cunning Malignerer.

L. M. Logan, who was arrested two months ago at Alton, Ill., on the charge of swindling, has meanwhile been swindling some eminent physicians out there. He was taken with a remarkable illness, which was finally diagnosed as a tumor, or abscess, of the brain. To the mortification and disgust of the surgeons, he gave up shamming recently, and explained with frankness how he had dilated his eyes with belladonna, brought on vomiting by swallowing tobacco-juice, increased his pulse by striking his elbow against the wall, and brought on palpitation of the heart and blood-rushes to his face by forcing air into his lungs while he contracted his chest. He also had frequent but bogus fits, but will now catch genuine ones from the jail authorities.—*Philadelphia Ledger*, Jan. 24, 1888.

Treatment of Pistol-shot Wounds.

Dr. Paul Reclus, surgeon at the Hôtel-Dieu, Paris, in a recent volume (*Cliniques chirurgicales de l'Hôtel-Dieu*), expresses himself strongly against exploring for a ball after a wound from a pistol. He says the object of the surgeon in these cases should be, not to extract the ball, but to repair the damage done by its passage; and that "in every simple pistol-shot wound it is usually not the ball which brings danger, but the surgeon with his ill-judged manœuvres."

A Model Children's Ward.

A new ward intended for children only has just been finished at the Presbyterian Hospital, in Philadelphia, being a gift to the hospital from Mrs. John Wanamaker, in memory of her mother, Harriet Eminger

Brown. The ward was formally opened January 30. The following description indicates the points in which the construction of the building differs from what is customary in hospital wards:

The new ward is a two-story structure of brick and terra-cotta, with granite window sills and entrance steps. The building is *octagonal in form*, and the ground floor has a diameter of fifty two feet, and a clear height of fifteen feet. This is the main ward, and contains eighteen beds, ranged around the wall so as to face the centre. Two large open fire-places are in the centre of the room, and connect with the main ventilating shaft, which extends through the second floor and roof to the open air, where it is encased in terra-cotta work. The ward will be heated by steam pipes upon the ceiling of the basement. The walls, to a height of about ten feet, are wainscoted with encaustic tiles of various colors, and the remaining distance is plastered and finished with a hard coat of lime and sand. The windows open directly upon a porch which surrounds the building.

The second floor runs a clear height of thirteen feet. The southern half will be used as a play-room and the northern half will be utilized for the treatment of special cases. The walls of the vestibules, entrance ways, offices, etc., are finished in enamelled brick.

Dreadful Result of Carelessness in a Hospital.

At the Roosevelt Hospital, in New York, on January 31, an orderly was ordered to move a patient named Charles McClane from the second to the third floor of the hospital, where the doctors were about to perform an operation upon him. The orderly raised the elevator to the second floor and went for the patient. Having placed him in a rolling cot, the orderly moved him to the shaft, reopened the door, and, without looking to see if the elevator was there, rolled the cot forward. During the orderly's absence to prepare the patient the elevator had been sent up a story, and the patient was precipitated through the shaft down to the cellar. He was picked up and removed as carefully as possible, but died during the evening from the injuries received during the fall.

Vulvo-Vaginitis of Little Girls.

Small suppositories, about a quarter of an inch in diameter, containing each from two to four grains of iodoform, inserted in the vagina, are said by Dr. R. Potts to produce a rapid cure of vulvo-vaginitis in scrofulous children.

Benzoate of Sodium in Acute Follicular Tonsillitis.

L. C. Boisliniere, Jr., in a communication to the *St. Louis Courier of Medicine*, February, 1888, says that in upwards of one hundred cases of acute follicular tonsillitis, the following formula has been used:

Sodii benzoat. 3i-iv
Glycerini,
Elix. calisayæ āā f3j

M. Sig.—One teaspoonful every one or two hours.

In the analysis of the last seventy-five cases, he finds that: 1. By the use of benzoate of sodium the disease is cured in from twelve to thirty-six hours, a great gain in time, as the average duration of the disease has been heretofore from two to five days. The average duration for the seventy-five cases was twenty hours. In private practice, when the cases could be watched more carefully, the white cheesy points have been frequently seen to disappear in from eight to ten hours. 2. The benzoate of sodium undoubtedly controls the febrile elements in the disease. 3. It may be given with impunity, even to children; he has never been able to discover any bad or even disagreeable effects from its action. 4. It is a valuable addition to the remedies used in throat affections, especially in an acute inflammatory condition of the tonsils, when applications only aggravate, and gargles increase the trouble.

Hyperidrosis.

In an article on hyperidrosis, or excessive sweating, published in the *Journal of Cutaneous and Genito-Urinary Diseases*, February, 1888, Dr. C. W. Cutler gives the following as the causes of the disease and the course to be pursued in its treatment: 1. The cause is usually a nervous one. 2. The secretion of the sweat glands seem to be controlled by the sympathetic ganglions or system of nerves. 3. The hyperidrosis is a functional affection of the sympathetic system. 4. The sweating of the extremities is usually symmetrical owing to the close relationship and anastomosis of the sympathetic ganglions of the trunk; and asymmetrical on the head and neck for want of this relationship. 5. There is but slight structural change in the affected sweat glands, and such as exists is accounted for by the hyper-secretion; the disease is probably functional and not organic. 6. The difference in appearance of the affected skin on the extremities and trunk is due to the distance from the centre of circulation, as the physiological conditions are the

same. 7. Painful and tender feet, not rheumatic, are usually the result of hyperidrosis. 8. Bromidrosis is usually the result of uncleanliness—not removing the secretion promptly. 9. Nerve tonics are usually indicated in the treatment of hyperidrosis. 10. Local treatment is always indicated, and although it may not effect a cure, it nearly always relieves the symptoms.

A Queer Prescription.

The London correspondent of the *Irish Times* says: I had it yesterday, from one of the counsel retained in the case, that a very curious litigation is listed for hearing during the present term. Some two years ago a North London doctor, having a large family practice, had on his list of patients a lady long suffering from an affection of the face and jaw which baffled the arts of the faculty. She had been for some time under his care when she changed her residence from London to Newcastle-on-Tyne, but kept herself in the hands of her London doctor by letter. Finding the ailment obstinate and the patient somewhat intractable and hypochondriacal, the doctor wrote, in the end, saying he had exhausted his resources, and adding his opinion that the *edax rerum* was the only remedy. The dead language was matter in the wrong place. It proved a snare, for the lady hied herself to a local chemist, and applied for the specific as set forth in the letter. The attendant—it will be contended, through deliberate dishonesty—made up a bottle, for which he charged one dollar, and at the patient's request registered, or pretended to register, her name in the shop-book as a customer to whom the remedy was to be regularly supplied. She continued using and paying for the sham medicine for over a year and a half; and a curious point in the case will be her admission that it gave her more relief than any previous remedy employed. Coming to London for the Royal Jubilee, she chanced to meet her former doctor, who, it should be said, had told her in his letter that, being unable to do more for her, he did not feel justified in continuing the correspondence. He was astonished to find himself gratefully thanked for his final advice, and still more astonished when the lady related the facts. He wrote at once for an explanation, and advised the patient to demand the return of the large sum she had paid in fancy prices for the nostrum. The next stage of the business began with the disappearance of the assistant and the denial of any responsibility on the part of the chemist. On these main facts the case is based, but some re-

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markable revelations of the human capacity for consuming doctor's stuff may be expected. The plaintiff has, it seems, been an invalid from her twentieth year, and has for the quarter of a century intervening paid for medicine alone ten thousand dollars."—*Chemist and Druggist*, Feb. 4, 1888.

Creolin in Cystitis.

The *Lancet*, Jan. 14, 1888, reports a very persistent case of cystitis occurring in a middle-aged woman, in which the pain was so constant that the patient was generally obliged to keep her bed, and in which the urine was very offensive, brownish and thick, depositing a third of its volume of pus, blood, and phosphates. After a number of different kinds of treatment had been employed by various medical men without much result, Dr. Jefsner, of Stolp, washed out the bladder with a $\frac{1}{2}$ per cent. solution of creolin. This caused a burning sensation for a few minutes, after which it passed off. The next day the patient felt and looked quite a different woman, the pain in the bladder was less, and the urine much less offensive. The washing out of the bladder was repeated daily, and by this means the improvement was maintained.

American Medical Association.

The Thirty-ninth Annual Session will be held in Cincinnati, Ohio, on Tuesday, Wednesday, Thursday and Friday, May 8, 9, 10 and 11, commencing on Tuesday, at 11 A.M.

"The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by representation in their respective State Societies, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States.

"Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number; *Provided*, however, that the number of delegates for any particular State, territory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association."

Secretaries of medical societies, as above designated, are earnestly requested to forward, at once, lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the Secretaries are, by special resolution, requested to send to him, annually, a corrected list of the membership of their respective societies.

The officers of Sections are as follows:

Practice of Medicine, Materia Medica and Physiology: Chairmanship vacant; *Secretary*, Dr. N. S. Davis, Jr., 65 Randolph St., Chicago, Ill.

Obstetrics and Diseases of Women and Children: Chairman, Dr. Eli Van De Warker, 45 Montgomery St., Syracuse, N. Y.; *Secretary*, Dr. E. W. Cushing, 1 Hotel Pelham, Boston, Mass.

Surgery and Anatomy: Chairman, Dr. Donald McLean, 72 Lafayette Avenue, Detroit, Mich.; *Secretary*, Dr. B. A. Watson, 124 York St., Jersey City, N. J.

State Medicine: Chairman, Dr. H. B. Baker, Lansing, Mich.; *Secretary*, Dr. S. T. Armstrong, U. S. M. Hosp. Service.

Ophthalmology, Otology and Laryngology: Chairman, Dr. F. C. Hotz, 181 Clark St., Chicago, Ill.; *Secretary*, Dr. Edw. Jackson, 215 S. 17th St., Philadelphia, Pa.

Diseases of Children: Chairman, Dr. F. E. Waxham, 3448 Indiana Ave., Chicago, Ill.; *Secretary*, Dr. W. B. Lawrence, Batesville, Ark.

Oral and Dental Surgery: Chairman, Dr. J. Taft, Cincinnati, Ohio; *Secretary*, Dr. E. S. Talbot, 125 State St., Chicago, Ill.

Medical Jurisprudence: Chairman, Dr. E. M. Reid, 243 N. Fremont, St., Baltimore, Md.; *Secretary*, Dr. C. B. Bell, Suffolk, Mass.

Dermatology and Syphilography: Chairman, Dr. E. D. Bulkley, 4 E. 37th St., N. Y.; *Secretary*, Dr. S. F. Dunlap, Danville, Ky.

A member desiring to read a paper before a Section should forward the paper, or its title and length (not to exceed twenty minutes in reading), to the Chairman of the Committee of Arrangements at least one month before the meeting.

Committee of Arrangements.—W. W. Dawson, Cincinnati, Ohio, *Chairman*.

Permanent Secretary.—Wm. B. Atkinson, M.D., Philadelphia.

Diphtheria.

Simon recommends (*Revue de Clinique et de Thérapeutique*):

R	Acidi salicylici	gr. viij
	Olei eucalypti	f 3ij
	Glycerini	f 3viiss
	Alcohol	f 3ij

Mix. Sig.—For local use, every hour.

Prizes.

The *Western Druggist* offers the following prizes:

First prize—One hundred dollars—for the best apparatus driven with power for the purposes of comminution, trituration, etc.

Second prize—Fifty dollars—for the best apparatus for continuous extraction with volatile solvents.

Third prize—Twenty-five dollars—for the best design for shop furniture for laboratory or other working purposes.

Fourth prize—Fifteen dollars—for an apparatus possessing the greatest improvements over any of the devices at present in use for compressing, coating or filling, pills, tablets, lozenges or capsules.

Fifth prize—Ten dollars—for the most simple and economical plan for filing prescriptions.

Notes on a Recent Epidemic of Erysipelas.

Dr. G. Greene, Medical Health Officer for Ferns, reports, in the *Medical Press and Circular*, Dec. 21, 1887, that, during the months from August to November, Ferns and the surrounding district has been visited by a rather severe epidemic of erysipelas of a highly contagious nature, forty persons being attacked within a radius of three miles. The disease only affected usually the face, head, and one side of the neck, or both back and front of the chest, together with the upper extremity of the same side. The latter was the rarer but more fatal form, as it was almost invariably accompanied by double pneumonia with a pleural effusion, which also generally affected the left side. Seven, out of the nine cases affected as just described, proved fatal from exhaustion, notwithstanding all efforts made to arrest the course of the disease. There was partial paralysis of the arm in each instance. The attack lasted in mild cases seven or eight days, and in grave ones extended to five or ten weeks. The primary origin was, he believes, largely due to climatic influences; after some isolated cases had occurred sporadically, it immediately manifested its contagious nature by attacking those in attendance or those in its vicinity. In no instance were there any abrasions of the surface in those catching the disease, nor were the original cases of traumatic origin. In the majority of cases which came under his observation, pneumonia in one or other of its forms preceded or followed the development of the erysipelatous inflammation.

As regards treatment, the author asserts that he found tincture of the chloride of iron

worse than useless; while aconite and belladonna acted well in some instances by aborting the attack and curing the intercurrent pneumonia. Quinine proved useful where neuralgia was severe, and creasote when there existed much gastric disturbance. Acid tartrate of potash freely given at the outset, with flour (warmed and browned) externally applied, seemed to give the most satisfactory results in simple uncomplicated cases; whilst tincture of aconite in minim doses every third hour scored the greatest number of rapid cures where pneumonic complications existed.

The clinical value of the author's statements is rendered doubtful by his assertion that aconite and belladonna aborted the erysipelas and cured the intercurrent pneumonia.

A Chinese Doctor and His Fees.

The new district magistrate of Shanghai has taken the native doctors in hand. Lately, he sent one of his messengers to a well-known doctor, with a fee of 600 cash—about 60 cents—to ask him to visit a patient. As the messenger had strict orders not to say he came from the magistrate, the doctor was under the impression that the patient was not an official, and accordingly refused to go. Again the messenger was sent, and again the doctor refused to attend, saying the fee was too small, and that he would not go for three times the amount. The third time the magistrate sent his own card, and the doctor at once hastened to see him. On being interrogated why he had not come in the first instance, he made various excuses, which the magistrate cut short by observing that in future he would cut down the doctor's fees to such a low figure that it would not be worth his while to continue practicing. He gave the doctor the alternative of paying 5000 teals (\$6000) to the Yellow River fund. The fine was ultimately reduced to 3000 teals, and the doctor, it is recorded, was very glad to get off so easily.—*London Times*.

Methylal.

Dimethylether of methylene, or methylal, is a soporific of very recent date. It is administered in doses of twenty to twenty-five grains in water, with a little syrup:

Methylal	3j
Syr. orange flower.	f 3ss
Water	f 3j
Mix. Dose—One tablespoonful.	

—*Quarterly Therapeutic Review*, January, 1888.

Insanity and Death from Fright.

It is reported from Foxburg, Pa., that a boy 12 years old, named Levi Kahl, the son of a farmer of Elk township, died on Saturday, January 14, from the effects of a fright given him a week before by some boys of the neighborhood. On the road leading from the village church to the Kahl farm there is a lonely spot in the woods where a murder was committed some years ago. At intervals stories of ghosts having been seen by persons passing the spot are told, and the locality has long been dreaded by superstitious people. On Sunday, January 8, the boy was on his way home late in the afternoon, and when it was growing dark in the woods at the alleged haunted spot. As he was passing the spot he heard a noise behind him, and turning around he saw something that he afterward, in semi-sane intervals, described as a ghost, with a head covered with many horns, jump out of the woods into the road, followed by two other figures. Two reports like pistol shots were heard, and the two figures that appeared with what the boy thought was a hideous demon fell to the ground and writhed as if in agony, while they gave vent to unearthly shrieks.

The Kahl boy fled in terror, pursued by the apparition, which followed him almost home. When he entered the house he was in such a state of nervous excitement that he fell into convulsions. He never fully recovered his mind, and his sufferings were intense up to the time of his death. Three boys, acquaintances of young Kahl, have confessed that they masqueraded at the place in the woods for the purpose of playing a joke on him by frightening him. One of the boys had fastened to his head an old tree stump, with tangled roots, which had seemed like horns to the terror-stricken victim.

Resection of the Liver.

An interesting case of removal of part of the liver is reported by Langenbuch (*Deutsche med. Wochenschr.*, Nov. 24, 1887). The patient had complained for eight years of severe pain in the abdomen, with evidence of a tumor. An exploratory incision was made, when it appeared that the tumor was that part of the liver to the left of the gall bladder, which had been separated by tight-lacing from the rest of the organ. Langenbuch ligatured the ligamentous band in several places and removed the lobe, and, although consecutive hemorrhage made a second opening of the abdomen necessary, a perfect recovery followed.

NEWS.

—It is announced that the small-pox, which was recently epidemic in Tasmania, is now completely stamped out.

—A proposal is now before the Senate of the University of Cambridge, England, to admit women to university degrees.

—Mr. George Godwin, who died recently in London at the age of 73 years, was one of the earliest advocates of sanitary science in Great Britain.

—Owing to the scarcity of doctors in Roumania, itinerant practitioners are said to be necessary, and to be in so much demand as to have treated several thousand patients during the past summer.

—Dr. Maillot, the introducer of quinine in the treatment of African fever, is to be pensioned at the rate of \$1200 per annum. He is now eighty-seven years old.—*Western Druggist*, January, 1888.

—The *British Medical Journal*, Feb. 4, 1888, announces that on January 24, the fees for the degree of M.D. at Oxford, England, which were formerly about two hundred dollars, were reduced to about one hundred and twenty-five dollars.

—A local epidemic of trichinosis is said to exist in Cunewalde, near Liebau, in Silesia. The disease is attributed to the use as an article of food of small smoked sausages, some of which were found on examination to be full of trichinæ.

—By a decision rendered in the United States Circuit Court of New Jersey, the claim of the Albany Chemical Company is sustained, and the validity of their patent for the manufacture of chloroform from calcium acetate is established.—*Phar. Record*, January 15, 1888.

—A series of evening lectures on special subjects, to be given by the faculty of the Philadelphia Polyclinic at the College building, Broad and Lombard Streets, is announced. Dr. Leffmann will open the course on Feb. 28; *subject*: Office-testing of urine. Members of the profession are invited to be present.

—The *British Medical Journal* suggests that Dr. Heneage Gibbes, who has recently come from London to occupy the Chair of Physiology in the University of Michigan, may be obliged to return to England on account of the peculiar provisions of the law against importing foreigners under contract to perform labor or service in the United States.

HUMOR.

THE PRESCRIPTION CLERK generally gets the drop on everything.

MAGISTRATE:—"Have you no written document to prove that your wife is really dead?"

Peasant: "I have the doctor's bill."—*Fliegende Blätter.*

A LAY CONTEMPORARY not long ago amused its readers with the following joke: As soon as the German Crown Prince was "given up" by the doctors he began to grow better. This shows that the doctors can cure a man if they only go about it in the right way.

DOCTOR AND PATIENT.—Dr. Robert B. Morrison sends the following translation of some old Latin verses to the *Maryland Med. Journal*, Feb. 11, 1888:

When the doctor first comes the doctor an angel is he,
When the pain is relieved a God is he said to be,
But the bill sent in brings him again to his level,
The doctor is an heartless unconscionable devil.

YEARS AGO the *Seneca Falls Courier* published an amusing sketch about Horace Greeley, called "a story for children," in the course of which it remarked: "The *New York Tribune* had a great many subscribers. A subscriber is a person who takes a paper, and he tells everybody else that he ought to subscribe. After he has subscribed about seven years, the editor writes to him and asks him to let him have \$2.50 (two dollars and fifty cents), and the subscriber writes back to the editor and tells him not to send his old paper any more; for there is nothing in it. And the poor editor goes and starves some more."

OBITUARY.

H. T. CLEAVER, M.D.

Dr. H. T. Cleaver, of Keokuk, Iowa, died on January 11, 1888.

W. B. FARNHAM, M.D.

Dr. William B. Farnham, of Chicago, died in that city in the first week of February, 1888.

JAMES E. KING, M.D.

Dr. James E. King, one of the oldest physicians in Buffalo, N. Y., died recently at the age of sixty-five years.

H. SEYMOR STEWART, M.D.

Dr. H. Seymour Stewart, of Elyria, Ohio, who was graduated at Jefferson Medical College in 1887, died at Thomasville, Ga., Feb. 8, 1888, of consumption of the lungs. His illness lasted but a few months.

F. H. TERRILL, M.D.

Dr. F. H. Terrill died in San Francisco on January 28, 1888. He was attacked by small-pox, which has been epidemic in that city, and died in forty-eight hours. His death has been attributed to his disbelief in the efficacy of vaccination.

JOHN L. MEARES, M.D.

Dr. J. L. Meares died in San Francisco, Cal., on January 15, 1888. He was born in Wilmington, N. C., in 1822, and studied medicine in the Jefferson Medical College, Philadelphia. He went to California in 1871, and was appointed Health Officer of San Francisco in 1876.

GEORGE A. CROSBY, M.D.

Dr. George A. Crosby, a very well known and highly esteemed physician of New Hampshire, died at Manchester, January 29, 1888, of congestion of the brain, after a short illness. Dr. Crosby was born in Lowell, Mass., in 1831, and was graduated at Dartmouth in 1852. He had been President of the New Hampshire Medical Society, and was a member of the Manchester Board of Health at the time of his death.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Feb. 12, 1888, to Feb. 18, 1888:

Capt. Wm. H. Arthur, Assistant Surgeon, leave of absence extended two months. S. O. 35, A. G. O., Feb. 13, 1888.

Changes in the Medical Corps of the Navy, during the week ending Feb. 18, 1888:

Assistant Surgeon F. W. Olcott, detached from the "Minnesota" and to the "Atlanta."

Surgeon T. C. Heyl, ordered to the Receiving Ship "St. Louis."

Surgeon H. M. Martin, detached from "St. Louis" and to the "Saratoga."

Assistant Surgeon Chas. F. Webster, ordered to the Receiving Ship "Vermont."

Assistant Surgeon James G. Field, detached from the "Vermont" and to the "Swatara."

Passed Assistant Surgeon Robert Whiting from the "Iroquois" and to the Coast Survey.

Assistant Surgeon Cloner C. Tracy, resigned, to take effect immediately.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the two weeks ended Feb. 18, 1888:

Eugene Wasdin, Passed Assistant Surgeon, relieved from duty at Marine Hospital, Chicago; ordered to Marine Hospital, Mobile, Ala., February 16, 1888.

Seaton Norman, Assistant Surgeon, relieved from duty at Marine Hospital, New York, to assume charge of the Service at Evansville, Ind., February 6, 1888.